2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
02-06-2001 90326 045 ****61.25

A0020906

DO NOT WRITE IN THIS SPACE

DOCUMENT # N41878

1. Entity Name

L'EXCELLENCE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5757 COLLINS AVE. ADMIN OFFICE MIAMI BCH. FL 33140 US	5757 COLLINS AVE. ADMIN OFFICE MIAMI BCH. FL 33140 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0247650 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KALLICHE, ANTHONY A. E BECKER & POLAIKOFF, P.A. 5201 BLUE LAGOON DRIVE,#100 MIAMI FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANTOR, BERNARD MD 5757 COLLINS AVE. APT. 806 MIAMI BCH., FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVY, SAM 5757 COLLINS AVE., #2207 MIAMI BCH. FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOGRISSO, ISREAL 5757 COLLINS AVE., #604 MIAMI BCH., FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAZAR, JACQUELINE MD 5757 COLLINS AVE UNIT 1403 MIAMI BEACH FL 33140 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILA, BRAZIA 5257 ROLLINS AVE. UNIT 1707 MIAMI FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILA, BRAZIA 5757 COLLINS AVE UNIT 1701 MIAMI BEACH FL 33140 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUNTER, SONDRA 5757 COLLINS AVE. UNIT 1406 MIAMI FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED BERNARD CANTOR 1/30/01 3058688450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)