

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90201 041 ****61.25

DOCUMENT # 715394

1. Entity Name

THE SANDS OF KEY BISCAYNE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

605 OCEAN DR
 KEY BISCAYNE FL 33149

605 OCEAN DR
 KEY BISCAYNE FL 33149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1269433

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ESQ
 BECKER & POLIAKOFF PA
 5201 BLUE LAGOON DR #100
 MIAMI FL 33126

Name **BECKER & POLIAKOFF Melkatch**
 Street Address (P.O. Box Number is Not Acceptable)
5201 Blue Lagoon Drive
Suite 100
 City **Miami, FL** Zip Code **33126**

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 Delete
 NAME **D ELLIOT, MICHAEL**
 STREET ADDRESS **607 OCEAN DRIVE 11L**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE Change Addition
 NAME **VICE PRESIDENT ELLIOT MICHAEL**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D RIVELLI, PAULINE**
 STREET ADDRESS **607 OCEAN DR 10K**
 CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BELOFF, JEROME DR**
 STREET ADDRESS **607 OCEAN DR 3J**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE Change Addition
 NAME **SECRETARY**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P BOHUTINSKY, ANDREW**
 STREET ADDRESS **613 OCEAN DR 10C**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T BERNSTEIN, SYLVIA**
 STREET ADDRESS **613 OCEAN DR**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S GOLDSTEIN, SANDRA**
 STREET ADDRESS **611 OCEAN DR 2**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE Change Addition
 NAME **DIRECTOR**
 STREET ADDRESS
 CITY-ST-ZIP

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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/22/01**

Daytime Phone #

CR2E037 (10/00)