

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 715518**

1. Entity Name

BEVERLY HILLS CONDOMINIUM NUMBER FOUR, INC.**FILED****Mar 30, 2001 8:00 am**
Secretary of State

03-30-2001 90329 001 ****61.25

0033152

Principal Place of Business

Mailing Address

**5300 WASHINGTON ST.
HOLLYWOOD FL 33021****5300 WASHINGTON ST
F-311
HOLLYWOOD FL 33021
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1629263

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

**KAMEROW, JOSEPH H
5300 WASHINGTON ST F-311
S213
HOLLYWOOD FL 33021**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	SD						
	HUESING, RUTH	5300 WASHINGTON ST 3 204	HOLLYWOOD FL				
	PD						
	KAMEROW, JOSEPH	5300 WASHINGTON ST F311	HOLLYWOOD FL				
	TD						
	BARBINI, EDARD	5300 WASHINGTON ST., F-220	HOLLYWOOD FL				
	VD						
	COHEN, GERT	5300 WASHINGTON ST F213	HOLLYWOOD, FL 00000 33021				
	VD						
	KANE, TOM	5300 WASHINGTON ST F316	HOLLYWOOD FL 33021				

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-01 954-981-2120

CR2E037 (10/00)