

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90003 029 ****61.25

DOCUMENT # N41878

1. Entity Name

L'EXCELLENCE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5757 COLLINS AVE.
 ADMIN OFFICE
 MIAMI BCH. FL 33140
 US

Mailing Address

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 **PD** ☒ Delete
 NAME **CANTOR, BERNARD MD**
 STREET ADDRESS **5757 COLLINS AVE. APT. 806**
 CITY-ST-ZIP **MIAMI BCH., FL 33140**

TITLE **ARURO CORNEJO** ☐ Change ☒ Addition
 NAME **5757 COLLINS AVE #1806**
 STREET ADDRESS **MIAMI BEACH, FL 33140**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **LEVY, SAM**
 STREET ADDRESS **5757 COLLINS AVE., #2207**
 CITY-ST-ZIP **MIAMI BCH. FL 33140**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SALAZAR, JACQUELINE MD**
 STREET ADDRESS **5757 COLLINS AVE UNIT 1403**
 CITY-ST-ZIP **MIAMI BCH., FL 33140**

TITLE **SD** ☒ Change ☐ Addition
 NAME **SALAZAR, Jacqueline MD**
 STREET ADDRESS **5757 COLLINS AVE. Unit 1403**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **TD** ☐ Delete
 NAME **SILA, BRAZIA**
 STREET ADDRESS **5257 ROLLINS AVE. UNIT 1707**
 CITY-ST-ZIP **MIAMI FL 33140**

TITLE **D** ☒ Change ☐ Addition
 NAME **Sila, Grazia**
 STREET ADDRESS **5757 Collins Ave, Unit 1707**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **SD** ☐ Delete
 NAME **HUNTER, SONDR**
 STREET ADDRESS **5757 COLLINS AVE. UNIT 1406**
 CITY-ST-ZIP **MIAMI FL 33140**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Hunter Sondra**
 STREET ADDRESS **5757 Collins Ave, Unit 1406**
 CITY-ST-ZIP **MIAMI, FL 33140**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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
ARURO CORNEJO
President

2/5/02 305 868-8450

CR2E037 (9/01)