

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



DO NOT WRITE IN THIS SPACE

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

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

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

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

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

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

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

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

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

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

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:

ARNULDO CORNEJO
 SIGNATURE REQUIRED President

2/5/02 305 868-8450

CR2E037 (9/01)