

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718325

1. Entity Name

BLAIR HOUSE SOUTH - A CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

9100 W BAY HARBOR DRIVE  
BAY HARBOR ISLAND FL 33154

9100 W BAY HARBOR DR  
BAY HARBOR ISLAND FL 33154  
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

59-1279288

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  
5201 BLUE LAGOON DR  
SUITE 100  
MIAMI FL 33126

Name

Same

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

N/A - remains the same

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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MANCINO, CAROL	
STREET ADDRESS	9102 W. BAY HARBOR DR. #9AW	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARCIAL, PHYLLIS	
STREET ADDRESS	9100 W. BAY HARBOR DR. #10BE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BECK, SHIRLEY	
STREET ADDRESS	9102 W BAY HARBOR DR #8C-W	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	RAMERINI, JANET	
STREET ADDRESS	9102 W BAY HARBOR DR., #4CW	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCLOUGHLIN, JOHN	
STREET ADDRESS	9100 W BAY HARBOR DR., 10C-E	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	AT Director	<input type="checkbox"/> Delete
NAME	BARASH, SYLVIA	
STREET ADDRESS	9100 W BAY HARBOR DR., #7CE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET RAMERINI	
STREET ADDRESS	9102 West Bay Harbor Dr #4CW	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL MANCINO	
STREET ADDRESS	9102 West Bay Harbor Dr #9AW	
CITY-ST-ZIP	Bay Harbor Islands, FL 33154	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucille Lovitt	
STREET ADDRESS	9100 West Bay Harbor Dr #6AE	
CITY-ST-ZIP	Bay Harbor Islands, FL 33154	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kyle Rabin	
STREET ADDRESS	9100 West Bay Harbor Dr #11AE	
CITY-ST-ZIP	Bay Harbor Islands, FL 33154	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN MARCIAL	
STREET ADDRESS	9100 West Bay Harbor Dr #10BE	
CITY-ST-ZIP	Bay Harbor Islands, FL 33154	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY BECK	
STREET ADDRESS	9102 West Bay Harbor Dr #8CW	
CITY-ST-ZIP	Bay Harbor Islands, FL 33154	

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]*

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90714 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)