

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

01-24-2003 90092 027 ****61.25

DOCUMENT # N41878

1. Entity Name

L'EXCELLENCE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

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

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 & POLAKOFF, P.A.
5201 BLUE LAGOON DRIVE, #100
MIAMI FL 33128**

Name **Rosa De La Camara**
Street Address (P.O. Box Number is Not Acceptable) **5201 Blue Lagoon Dr. #100**
Becker & Polakoff, P.A.
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **CORNEJO, ARTURO**
STREET ADDRESS **5757 COLLINS AVE #1808**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

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

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

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

TITLE **SD** ☐ Change ☒ Addition
NAME **Grazia Sila**
STREET ADDRESS **5757 Collins Ave #1707**
CITY-ST-ZIP **Miami Beach, FL**

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

TITLE **SD** ☐ Change ☒ Addition
NAME **Stanley Kuperstein**
STREET ADDRESS **5757 Collins Ave. #1201**
CITY-ST-ZIP **miami Beach, FL 33140**

TITLE **TD** ☐ Delete
NAME **HUNTER, SONORA**
STREET ADDRESS **5757 COLLINS AVE. UNIT 1408**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arturo Cornejo

Date

1-20-03 305 868-845

Daytime Phone #

CR2E037 (10/02)