2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 90193 049 ***150.00

DOCUMENT # 643908

1. Entity Name
SELF AWARENESS WORKSHOP, INC.

Principal Place of Business	Mailing Address
420 S. DIXIE HIGHWAY SUITE 4-A CORAL GABLES FL 33146	420 S. DIXIE HIGHWAY SUITE 4-A CORAL GABLES FL 33146

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1971906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required.

6. Name and Address of Current Registered Agent

PEREZ, JOSEPHINE
2215 S.W. 27 LANE
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

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. 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 $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS	☐ Delete
NAME	GRIFFITHS, SUSAN BATES	
STREET ADDRESS	12806 S W 67TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	DPT	☐ Delete
NAME	PEREZ, JOSEPHINE	
STREET ADDRESS	2215 SW 27 LANE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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 607, 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: Josephine Perez   Feb. 19, 2003   (305) 666-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Attachment
#755902

800037402

Charles W. Battisti,
Attorney at Law

1570 Madruga Avenue, Suite 209
Coral Gables, Florida 33146

Telephone No. (305) 667-9200
Facsimile No. (305)667-9210

February 20, 2003

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: High View Condominium Association, Inc.

Gentlemen:

In connection with the above corporation, enclosed please find 2003 Not-For-Profit Corporation Uniform Business Report (UBR) form, together with check in the amount of $64.00.

Please advise should you have any further requirements.

Yours truly,

JULIA A. MAYAN
Legal Assistant to
CHARLES W. BATTISTI

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enc.