

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
**420 S. DIXIE HIGHWAY SUITE 4-A
CORAL GABLES FL 33146**

Mailing Address
**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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 19, 2003

(305) 666-7766

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

#755902

Charles W. Battisti,
Attorney at Law

80037402

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

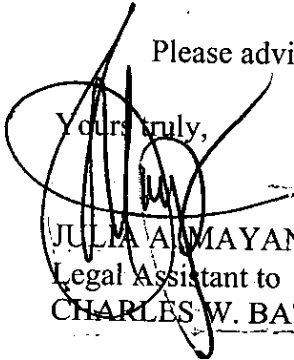
Re: High View Condominium Association, Inc.

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

/jm
enc.

RECEIVED
FEB 20 2003