

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90076 015 \*\*\*\*61.50

**DOCUMENT # 711321**

1. Entity Name

**NORTH BAY WHITE HOUSE ASSOCIATION NO. 3, INC.**

Principal Place of Business

Mailing Address

**BREGMAN, ANNE**  
**1780 79TH ST CSWY #C203**  
**NO BAY VILLAGE FL 33141**  
**US**

**% PMS**  
**8299 CORAL WAY**  
**MIAMI FL 33155**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PMS CORPORATION**  
**8299 CORAL WAY**  
**MIAMI FL 33155**

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  Delete  
 NAME **VD BREGMAN, ANNE**  
 STREET ADDRESS **1780 KENNEDY CAUSEWAY #203**  
 CITY-ST-ZIP **N. BAY VILLAGE FL 33141**

TITLE  Change  Addition  
 NAME **PD BREGMAN, ANNE**  
 STREET ADDRESS **1780 KENNEDY CAUSEWAY #203**  
 CITY-ST-ZIP **NORTH BAY VILLAGE, FL. 33141**

TITLE  Delete  
 NAME **STD GONZALEZ-SORRELL, FE**  
 STREET ADDRESS **1780 KENNEDY CAUSEWAY #311**  
 CITY-ST-ZIP **N. BAY VILLAGE FL**

TITLE  Change  Addition  
 NAME **VD GONZALEZ-SORRELL, FE**  
 STREET ADDRESS **1780 KENNEDY CAUSEWAY # 311**  
 CITY-ST-ZIP **NORTH BAY VILLAGE, FL. 33141**

TITLE  Delete  
 NAME **PD SCHIAFFINO, OCVALDO**  
 STREET ADDRESS **1780 KENNEDY CAUSEWAY #108**  
 CITY-ST-ZIP **N BAY VILLAGE FL 33141**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **STD Ginzberg, Sidney**  
 STREET ADDRESS **1780 Kennedy Causeway #201**  
 CITY-ST-ZIP **North Bay Village, FL 33141**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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 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 officer-like empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02  
 Date

Daytime Phone #

CR2E037 (9/01)