## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 13, 2002 8:00 am **DOCUMENT # 715518 Secretary of State** 1. Entity Name 02-13-2002 90202 037 \*\*\*\*61.25 BEVERLY HILLS CONDOMINIUM NUMBER FOUR, INC. Principal Place of Business Mailing Address 5300 WASHINGTON ST. 5300 WASHINGTON ST UNLE114 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For . 59-1629263 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KAMEROW, JOSEPH H 5300 WASHINGTON ST F-311 S213 City Zip Code HOLLYWOOD FL 33021 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. (NOTE: Registered Agent signature required whe DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE SD ☐ Delete TITLE ☐ Change NAME HUESING, RUTH STREET ADDRESS STREET ADDRESS 5300 WASHINGTON ST 3 204 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL TITLE PD ☐ Delete TITLE ☐ Change NAME KAMEROW, JOSEPH NAME STREET ADDRESS STREET ADDRESS 5300 WASHINGTON ST F311 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL TD □ Delete TITLE ☐ Change NAME BARBINI, EDARD NAME STREET ADDRESS STREET ADDRESS 5300 WASHINGTON ST., F-220 CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL ☐ Change TITLE VD ☐ Delete TITLE NAME COHEN, GERT NAME STREET ADDRESS STREET ADDRESS 5300 WASHINGTON ST F213 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 00000 33021 Delete ٧D **Change** TITLE TITLE Kane, tom TIMENS ELMER NAME NAME 5300 WASHINGTON S F 317 5300 WASHINGTON ST F316 STREET ADDRESS STREET ADDRESS HOLLY WOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Delete DTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 call 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appear changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SPERING PROLIED

Attachment 821404 #715518

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