

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90714 027 \*\*\*\*61.25

1292300

**DOCUMENT # 718325**  
 1. Entity Name  
**BLAIR HOUSE SOUTH - A CONDOMINIUM, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>9100 W BAY HARBOR DRIVE<br/>BAY HARBOR ISLAND FL 33154</b> | Mailing Address<br><b>9100 W BAY HARBOR DR<br/>BAY HARBOR ISLAND FL 33154<br/>US</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>59-1279288</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KALLICHE, ANTHONY A E  
 5201 BLUE LAGOON DR  
 SUITE 100  
 MIAMI FL 33126**

7. Name and Address of New Registered Agent  
 Name: **Same**  
 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: **N/A - remains the same**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                 |   |  |
|---------------------------------|---|--|
| <b>FILE NOW: FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|---------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD<br/>MANCINO, CAROL<br/>9102 W. BAY HARBOR DR. #9AW<br/>BAY HARBOR ISLAND FL 33154</b> <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MARCIAL, PHYLLIS<br/>9100 W. BAY HARBOR DR. #10BE<br/>BAY HARBOR ISLAND FL 33154</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>BECK, SHIRLEY<br/>9102 W BAY HARBOR DR #8C-W<br/>BAY HARBOR ISLAND FL 33154</b> <input checked="" type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PT<br/>RAMERINI, JANET<br/>9102 W BAY HARBOR DR., #4CW<br/>BAY HARBOR ISLAND FL 33134</b> <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MCLOUGHLIN, JOHN<br/>9100 W BAY HARBOR DR., 10C-E<br/>BAY HARBOR ISLAND FL 33154</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AT Director<br/>BARASH, SYLVIA<br/>9100 W BAY HARBOR DR., #7CE<br/>BAY HARBOR ISLAND FL 33154</b> <input type="checkbox"/> Delete     |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PRESIDENT<br/>JANET RAMERINI<br/>9102 West Bay Harbor Dr # 4CW<br/>BAY HARBOR ISLANDS, FL 33154</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VICE PRESIDENT<br/>CAROL MANCINO<br/>9102 West Bay Harbor Dr # 9AW<br/>Bay Harbor Islands, FL 33154</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>TREASURER<br/>Lucille Lovitt<br/>9100 West Bay Harbor Dr # 6AE<br/>Bay Harbor Islands, FL 33154</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SECRETARY<br/>Kyle Rabin<br/>9100 West Bay Harbor Dr # 11AE<br/>Bay Harbor Islands, FL 33154</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DIRECTOR<br/>JOHN MARCIAL<br/>9100 West Bay Harbor Dr # 10BE<br/>Bay Harbor Islands, FL 33154</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DIRECTOR<br/>SHIRLEY BECK<br/>9102 West Bay Harbor Dr # 8CW<br/>Bay Harbor Islands, FL 33154</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: **Janet Ramerini** **REQUIRED**

*3/20/02*

CR2E037 (9/01)