

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90004 023 \*\*\*\*70.00

**DOCUMENT # 719042**

1. Entity Name  
**ISLE OF NORMANDY CONDOMINIUM, INC.** ✓

Principal Place of Business      Mailing Address  
**1145 NORMANDY DRIVE**      **1145 NORMANDY DRIVE**  
~~MANAGER~~      **MANAGER**  
**MIAMI BEACH FL 33141**      **MIAMI BEACH FL 33141**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **1145 NORMANDY DRIVE**  
 City & State      **#501**  
 Zip      **MIAMI BEACH FL**  
 Country      **MIAMI-DADE**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-1381119**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RONNI STEFAN**  
**1145 NORMANDY DR.**  
**MIAMI BCH FL 33139**

7. Name and Address of New Registered Agent  
 Name **REMBERTO LIMA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1145 Normandy Dr. APT. #501**  
 City **Miami Beach**      **FL**      Zip Code **33141**

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 *Remberto Lima*      DATE **7/24/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**  
**After September 13, 2002, min. will be \$236.25.**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	<b>CAMINERO, MAXIMO</b>	
STREET ADDRESS	<b>1145 NORMANDY DRIVE #206</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>NATEL, ANNA</b>	
STREET ADDRESS	<b>1145 NORMANDY DRIVE #402</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FLA 33141</b>	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>STEFAN, RONNIE</b>	
STREET ADDRESS	<b>1145 NORMANDY DR #502</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>LIMA, REMBERTO</b>	
STREET ADDRESS	<b>1145 NORMANDY DR #501</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>COSTELLO, JOHN</b>	
STREET ADDRESS	<b>1145 NORMANDY DR #205</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ruben Serna</b>	
STREET ADDRESS	<b>1145 Normandy Dr, #401</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33141</b>	
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lourdes Peters</b>	
STREET ADDRESS	<b>1145 Normandy Dr, #403</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33141</b>	
TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Francene Hasama</b>	
STREET ADDRESS	<b>1145 Normandy Dr.</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33141</b>	
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Remberto Lima</b>	
STREET ADDRESS	<b>1145 Normandy Dr, #501</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33141</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

SIGNATURE: *Remberto Lima*      **REMBERTO LIMA**      **305-866-1984**  
**07-25-02**

CR2E037 (4/02)