

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90023 001 ****61.25

DOCUMENT # 734264

1. Entity Name

RUE MARIE VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3144 MARY STREET
 COCONUT GROVE FL 33133**

**3144 MARY STREET
 COCONUT GROVE FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1710120

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

**BILCHIK, WARREN
 3144 MARY ST
 COCONUT GROVE FL 33133**

Name

SEAN KANOV

Street Address (P.O. Box Number is Not Acceptable)

3144 MARY ST

City

COCONUT GROVE

FL

Zip Code

33133

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

1/11/02

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 **TD** ☒ Delete
 NAME **BILCHIK, WARREN**
 STREET ADDRESS **3144 MARY ST**
 CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **TD** ☐ Change ☒ Addition
 NAME **SEAN KANOV**
 STREET ADDRESS **3144 MARY STREET**
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE **SD** ☐ Delete
 NAME **KOBOLA, SLAVIN**
 STREET ADDRESS **3142 MARY ST**
 CITY-ST-ZIP **COCONUT GROVE FL**

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

TITLE **PD** ☐ Delete
 NAME **HANCOCK, DAVID**
 STREET ADDRESS **3140 MARY ST**
 CITY-ST-ZIP **COCONUT GROVE FL**

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

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 other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/11/02 305-371-6200

CR2E037 (9/01)