

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758080

1. Entity Name

GOLDEN STRAND OCEAN VILLA RESORT ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

17901 COLLINS AVE.
MIAMI BEACH FL 33160

17901 COLLINS AVE.
MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2505293

Applied For

Not Applicable

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

WASERSTEIN, RICHARD
913 NORMANDY DRIVE
MIAMI BEACH FL 33141

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 S ☐ Delete
NAME COOKSON, J
STREET ADDRESS 13203 HERITAGE WOODS PL
CITY-ST-ZIP HIDLOTHIAN VA 23112

TITLE D ☐ Change ☒ Addition
NAME SHENK, JOHN
STREET ADDRESS PO BOX 40624
CITY-ST-ZIP NASHVILLE, TN 37204

TITLE D ☐ Delete
NAME TESSIER, JEAN P
STREET ADDRESS 2140 CARNEGIE
CITY-ST-ZIP OTTOWA, ONTARIO, CANADA

TITLE D ☐ Change ☒ Addition
NAME PATTERSON, WILLIAM
STREET ADDRESS 26 ISLAND SHADOW
CITY-ST-ZIP FULTON NY 13069

TITLE VP ☐ Delete
NAME FELDMAN, JOSEPH
STREET ADDRESS 32 W 260 83RD ST
CITY-ST-ZIP NAPERVILLE IL

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

TITLE T ☐ Delete
NAME CUERRIER, MA
STREET ADDRESS 35 RUD DI AVERGNE
CITY-ST-ZIP GATINEAU, QUEBEC

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

TITLE P ☐ Delete
NAME CAPOZZOLO, FRANK
STREET ADDRESS 6540 COUTURE, #4
CITY-ST-ZIP ST. LEONARD QU

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

TITLE D ☒ Delete
NAME CAVALLO, ST
STREET ADDRESS 1495 3RD AVENUE
CITY-ST-ZIP NEW YORK NY 10028

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

Joseph Feld 01/28/02 305-931-7000 X4011



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)