

**FILED**  
**Jun 17, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91346 021 \*\*\*\*61.25

**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000003609  
 1. Entity Name Helene Marie Condominium Association, Inc

**DO NOT WRITE IN THIS SPACE**

93226

2. Principal Place of Business  
1050 Jefferson Ave  
 Suite, Apt. #, etc.  
 City & State Miami Beach FL  
 Zip 33139 Country

3. Mailing Address  
Rosatta Real Estate  
 Suite, Apt. #, etc. 605 6th St  
 City & State Miami Beach, FL  
 Zip 33139 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1016231 Applied For  Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name Tim Vada  
 Street Address (P.O. Box Number is Not Acceptable) Rosatta Real Estate  
605 6th Street - 2nd Flr  
 City Miami Beach FL Zip Code 33139

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] Tim Vada 6/14/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
RD	Lee Lachmund	10 W 15th Street #1026	New York, NY 10011				
SO	David Ellis	1050 Jefferson Ave	Miami Beach, FL 33139				
ST	Anthony Beach	1050 Jefferson Ave	Miami Beach, FL 33139				
				<b>DO NOT WRITE IN THIS SPACE</b>			

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other information required.  
 SIGNATURE: Anthony Beach 5-702 305 532-0798  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #