

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006550

FILED  
May 06, 2003  
Secretary of State

Entity Name: SB WATERSIDE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4201 INDIAN CREEK DRIVE  
APT #1  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4201 INDIAN CREEK DRIVE  
APT #1  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 02-0615728      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARRIOS-BALBIN, LOUIS M ESQ  
777 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BALBIN, MARITZA  
Address: 4201 INDIAN CREEK DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD ( ) Delete  
Name: TUMA, IVONE  
Address: 4201 INDIAN CREEK DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: SD ( ) Delete  
Name: VILLALOBOS, DARGUIN  
Address: 4201 INDIAN CREEK DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARITZA BALBIN

PD

05/06/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date