

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90072 005 \*\*\*\*61.25

**DOCUMENT # N05983**

1. Entity Name

**BLUE GRASS BEACH CLUB MOTEL CONDOMINIUM ASSOCIAT**

Principal Place of Business

Mailing Address

18325 COLLINS AVE  
 #C3  
 MIAMI BEACH FL 33160  
 US

18325 COLLINS AVE  
 #C3  
 SUNNY ISLES BCH FL 33160  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2456699**

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

EISINGIER, DENNIS, ESQ.  
 4000 HOLLYWOOD BLVD., #265 S.  
 HOLLYWOOD FL 33021

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	PD	<input type="checkbox"/> Delete
NAME	DESARDINS, CLAUDE	
STREET ADDRESS	18325 COLLINS AVENUE, #506	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE CANGIANO	
STREET ADDRESS	7215 N.W. 63RD WAY	
CITY-ST-ZIP	PARKLAND, FL 33076	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEISBERG, STEVEN	
STREET ADDRESS	2810 PALMER DR	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUNNY HARRIS	
STREET ADDRESS	18325 COLLINS AVE., UNIT C4	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	

TITLE	SD	<input type="checkbox"/> Delete
NAME	BOSLOY, NOREEN	
STREET ADDRESS	18325 COLLINS AVENUE #204	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOREEN BOSLOY	
STREET ADDRESS	UNIT #619	
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAER, DAVID	
STREET ADDRESS	18325 COLLINS AVE #618	
CITY-ST-ZIP	SUNNY ISLES BCH FL 33160	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN YENNER	
STREET ADDRESS	18325 COLLINS AVE., UNIT 604	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BOSLOY, NOREEN	
STREET ADDRESS	18325 COLLINS #619	
CITY-ST-ZIP	MIAMI BCH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BOSCH, ALINA	
STREET ADDRESS	18325 COLLINS AVENUE #205	
CITY-ST-ZIP	CORAL GABLES FL 33160	

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: \_\_\_\_\_

**SUNNY HARRIS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 22/01 (305) 931-2393**  
 Date Daytime Phone #

CR2E037 (10/00)