

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90360 010 ****61.25

DOCUMENT # N30034

1. Entity Name

**SAN SIMEON AT THE CALIFORNIA CLUB CONDOMINIUM AS
 SOCIATION NO. 1, INC.**

Principal Place of Business

Mailing Address

**21300 SAN SIMEON WY
 NO MIAMI BEACH FL 33179
 US**

**21300 SAN SIMEON WY
 NO MIAMI BEACH FL 33179
 US**

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

65-0115762

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

**ASSAEL, MOISES
 21300 SAN SIMEON WAY
 0-5
 N MIAMI BCH FL 33179**

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

01/08/002

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ASSAEL, MOISES 21300 SAN SIMEON WAY 0-5 N MIAMI BCH FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVY, MARCIA 21300 SAN SIMEON WAY, K-2 N MIAMI BCH FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALDOVINOS, JO ANN 21300 SAN SIMEON WAY, P-5 N MIAMI BCH FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVY, MARCIA 21300 SAN SIMEON WAY, #K-2 N MIAMI BCH FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLISSETT, DIONNE 21300 SAN SIMEON WAY, K-1 MIAMI FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, RAMIRO 21300 SAN SIMEON WAY, P-1 MIAMI FL 33179	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HELENICE REGNER 21300 SAN SIMEON WAY 0-6 No MIAMI BEACH FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MICHELLE CABROL 21300 SAN SIMEON WAY 0-1 No MIAMI BEACH FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, MARILU 21300 SAN SIMEON WAY P-2 No MIAMI BEACH FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIMENTA ALEXANDRA 21300 SAN SIMEON WAY 0-3 No MIAMI BEACH FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 authority to execute this report.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)