## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N30034**

## SAN SIMEON AT THE CALIFORNIA CLUB CONDOMINIUM AS

200	2 UNIFORM BUS	MESS REPU	וחי	(UDI	<b></b>	1,1171		^	
DOCU	JMENT # <b>N30034</b>	Jai S	Jan 24, 2002 8:00 am § Secretary of State						
	MEON AT THE CALIFORNIA C ION NO. 1, INC.	LUB CONDOMINIUM	AS			01-24-2002 90360			
Principal Pla	ce of Business	Mailing Address							
21300 SAN SIMEON WY NO MIAMI BEACH FL 33179 US		"21300 SAN SIMEON WY NO MIAMI BEACH FL 33179 US			11821181 888 11	III <b>Gā</b> rii <b>ariās</b> zizz <b>aig bis</b> is		121 <b>0 1015 10 0</b> 1	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS	SPACE		
City & State		City & State			4. FEI Number	4. FEI Number 65-0115762 Applied For Not Applicable			
Zip Country		Zip Co		intry	5. Certificate of Status Desired  \$8.75 Additional Fee Required			ditional	1
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Registered			1
		<del> </del>		Name		<del> </del>	<del></del>		1
ASSAEL, MOISES				Street A	ddress (P.O. Box Number is Not Acceptable)				
21300 SA 0-5	N SIMEON WAY								
N MIAMI BCH FL 33179				City	FL Zip Code				
8. The above	e named entity submits this statement for	the purpose of changing its	registere	ed office or	registered agent, or both, in	the state of Florida.			1
	/ /	ment -							
	1 mark after					•	100 10	~ ·	ļ
SIGNATURE	Signature, typed of printed name of registered agent a	nd title if applicable. (NOTI	E: Registered	d Agent signatu	re required when reinstating)	DAJE	105/0	<u>~~</u> .	
		0 Floring 0-1	i <b>-</b>					_	
	FILE NOW: FEE IS \$61.25	9. Election Car Trust Fund C		_	S5.00 May Be Added to Fees		ck Payable ent of State		
10.	OFFICERS AND DIR	ECTORS - A	11.		ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	i 10	
TITLE	PD	Delete	TITLE		PD HELENICE &		☐ Change	☐ Addition	3
NAME	ASSAEL, MOISES		NAME	:	HELENICE K	egwer	_		37 (9/01)
STREET ADDRESS	21300 SAN SIMEON WAY 0-5		STREET ADDRESS 213		SIBOO SAN SIM	SOO SAN SIMPON WAY 0.6			
CITY-ST-ZIP	N MIAMI BCH FL 33179	CITY-		ST-ZIP	No MIAMI BEACH FL 33179			CR2EO	
TITLE	VPD	Delete	TITLE		いらか		Change	Addition	5
NAME STREET ADDRESS	LEVY, MARCIA		NAME ANDRESS AND A		MICHEILE C	ABNOL 	) - 1		1
CITY-ST-ZIP	21300 SAN SIMEON WAY, K-2 N_MIAMI.BCH FL 33179	•		T ADDRESS ST-ZIP	Michelle Cabrol 21300 SAN SIMPON WAY 0-1 No Migmi Boach Fl. 33179				1
TITLE	TD		_			ch PC 331			1
NAME	VALDOVINOS, JO ANN	Jelete	TITLE		TD JONES, MAR	: Lu	☐ Change	☐ Addition	1
STREET ADDRESS	21300 SAN SIMEON WAY, P-5	<b>4</b> , *		T ADDRESS	JONES, MAR	IMEON WAY	, P.Z		1
CITY-ST-ZIP	N MIAMI BCH FL 33179				No Miani Ber	ach FL 33	179		1
TITLE	SD	<b>√</b> alete	TITLE				☐ Change	☐ Addition	i
NAME	LEVY, MARCIA		NAME		DIMONTA A	Lexpudra			1
STREET ADDRESS 21300 SAN SIMEON WAY, #K-2		STREET ADDRESS		21300 SAN SIMEON WAY U.S				1	
CITY-ST-ZIP	N MIAMI BCH FL 33179		CITY-	ST-ZIP	No MIAMi Be	Ach FL .	33179		ı
TITLE	SD SIGNATURE	elete	TITLE			<del></del> -	☐ Change	☐ Addition	
NAME	BLISSETT, DIONNE	~/ .	NAME						
STREET ADDRESS	21300 SAN SIMEON WAY, K-1			T ADDRESS	e .			l	1
CITY-ST-ZIP	MIAMI FL 33179		CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE	D DENO PANIDO	Delete	TITLE	- 1			☐ Change	☐ Addition	
NAME Street address	MORENO, RAMIRO	ſ	NAME	T ADDRESS					
COURT WELLING	I CLOUDE COMMINICATION NAMED IN COLUMN 1 TO 1								

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

**SIGNATURE:** 

MIAMI FL 33179

changed, or on an attachment with ag

CITY-ST-ZIP

QUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**