

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90270 038 ****61.25

DOCUMENT # N94000001238

1. Entity Name

THE PAVILION CONDOMINIUM ASSOCIATION OF MIAMI BE

Principal Place of Business

Mailing Address

5601 COLLINS AVE.
 MIAMI BEACH FL 33140

5601 COLLINS AVE.
 MIAMI BEACH FL 33140-2456

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0507316

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRS MANAGEMENT OF BROWARD INC
4431 SW 64TH AVE
STE. 113
DAVIE FL 33314

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 checked="" type="checkbox"/> Delete
NAME	LUIS MASEDA	
STREET ADDRESS	5601 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VDP	<input checked="" type="checkbox"/> Delete
NAME	PEDRO CIRERA	
STREET ADDRESS	501 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGINSTEIN, JASON	
STREET ADDRESS	5601 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MEL SCHWARTZBEN	
STREET ADDRESS	5601 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FRANK BECKMAN	
STREET ADDRESS	5601 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVER, CARLOS	
STREET ADDRESS	5601 Collins Ave	
CITY-ST-ZIP	miami Beach FL 33140	
TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, ABILIO	
STREET ADDRESS	5601 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYMAN, ARLENE	
STREET ADDRESS	5601 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, Octavio	
STREET ADDRESS	1407 Cordova Street	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information indicated on this report is true and correct for the corporation or the changed, or on an att

Exemption, stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and correct for the corporation or the changed, or on an att

SIGNATURE:

Carlos Oliver - PD

REGISTRAR

Daytime Phone #

864-4600

CR2E037 (9/99)