

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90107 031 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001238

1. Entity Name

**THE PAVILION CONDOMINIUM ASSOCIATION
OF MIAMI BEACH, INC.**

Principal Place of Business

**5601 Collins Ave
Miami Bch FL 33140**

Mailing Address

**5601 Collins Ave
Miami Bch FL 33140**

A0062370

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0507316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRS MANAGEMENT OF BROWARD INC.
4431 S.W. 64th Ave, Ste 113
DAVIE FL 33314**

7. Name and Address of New Registered Agent

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
Trust Fund Contribution

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CARLOS OLIVER**
CITY-ST-ZIP **5601 Collins Ave**
Miami Beach FL 33140

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **ABILIO LEON**
CITY-ST-ZIP **5601 Collins Ave**
Miami Beach FL 33140

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **ARLENE HYMAN**
CITY-ST-ZIP **5601 Collins Ave**
Miami Beach FL 33140

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **OCTAVIO FERNANDEZ**
CITY-ST-ZIP **5601 Collins Ave**
Miami Beach FL 33140

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **JASON MORGINSTEIN**
CITY-ST-ZIP **5601 Collins Ave**
Miami Beach FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **COSCULLUELA, ALVARO**
CITY-ST-ZIP **5601 Collins Ave**
Miami Beach FL 33140

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **GRECO, PIERRE**
CITY-ST-ZIP **5601 Collins Ave**
Miami Beach FL 33140

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **D'Amico, OLGA**
CITY-ST-ZIP **5601 Collins Ave**
Miami Beach FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Y**

Pro CARLOS OLIVER 5/11/01

CR2E037 (10/00)