

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90080 023 ****61.25

DOCUMENT # N94000001238

1. Entity Name

THE PAVILION CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC.

Principal Place of Business

Mailing Address

5601 COLLINS AVE.
 MIAMI BEACH FL 33140

5601 COLLINS AVE.
 MIAMI BEACH FL 33140

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

65-0507316

Applied For

Not Applicable

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 type="checkbox"/> Delete
NAME	OLIVER, CARLOS	
STREET ADDRESS	5601 COLLINS AVENUE	M10
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LEON, ABILIO	
STREET ADDRESS	5601 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COSCULLELA, ALVARO	
STREET ADDRESS	5601 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HYMAN, ARLENE	
STREET ADDRESS	5601 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	TR PD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, OCTAVIO	
STREET ADDRESS	1407 CORDOVA ST	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRECO, PIERRE	
STREET ADDRESS	5601 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ, Pedro	
STREET ADDRESS	5601 COLLINS AVE 625	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DeGado, Mario	
STREET ADDRESS	5601 COLLINS AVE 1621	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIA MICO, O/SA	
STREET ADDRESS	5601 COLLINS AVE 1601	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SECRET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK BECKMAN	
STREET ADDRESS	5601 COLLINS AVE APT 716	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luciano, Hector	
STREET ADDRESS	5601 COLLINS AVE 1007	
CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02

CR2E037 (9/01)