

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001352

1. Entity Name

WESTGATE MIAMI BEACH CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

16701 COLLINS AVE.  
MIAMI BEACH FL 33160

Mailing Address

3850 HOLLYWOOD BLVD  
SUITE 400  
HOLLYWOOD FL 33021  
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

65-0490691

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

CORNFELD, ROBERT M  
3850 HOLLYWOOD BLVD., STE 400  
HOLLYWOOD FL 33021

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 DP  
NAME CORNFELD, ROBERT M  
STREET ADDRESS 3850 HOLLYWOOD BLVD., SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

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

TITLE D  
NAME SHEPHERD, JOHN  
STREET ADDRESS 16701 COLLINS AVE.  
CITY-ST-ZIP MIAMI BEACH FL 33160 ☐ Delete

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

TITLE VPST  
NAME CORNFELD, JEFFREY D  
STREET ADDRESS 3850 HOLLYWOOD BLVD., SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

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

TITLE D  
NAME SIEGEL, DAVID  
STREET ADDRESS 5601 WINDHOVER DR.  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 (954) 989-2200

Date

Daytime Phone #

FILED  
May 02, 2002 8:00 am  
Secretary of State

05-02-2002 90063 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)