

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/28/01

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90015 013 \*\*\*\*61.25

**DOCUMENT # N94000003202**

1. Entity Name

**SANS SOUCI CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

11915 NE 19TH DR  
 % MANAGEMENT OFFICE  
 N MIAMI FL 33181  
 US

Mailing Address

11915 NE 19TH DR  
 % MANAGEMENT OFFICE  
 N MIAMI FL 33181  
 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

**65-0510327**

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

**KAYE & ROGER P.A.**  
**6261 NW 6TH WAY**  
**STE # 103**  
**FT LAUDERDALE FL 33309**

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

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | <b>D</b>                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>VILLARREAL, HENRY</b> |  |
| STREET ADDRESS | <b>11915 NE 19TH DR</b>  |  |
| CITY-ST-ZIP    | <b>N MIAMI FL</b>        |  |
| TITLE          | <b>D</b>                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SAMPEDRO, LOURDES</b> |  |
| STREET ADDRESS | <b>11915 NE 19TH DR</b>  |  |
| CITY-ST-ZIP    | <b>N MIAMI FL 33181</b>  |  |
| TITLE          | <b>D</b>                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MOORE, ROBERT</b>     |  |
| STREET ADDRESS | <b>11915 NE 19TH DR</b>  |  |
| CITY-ST-ZIP    | <b>N MIAMI FL</b>        |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                     |  |
|----------------|-------------------------------------|--|
| TITLE          | <b>PD</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Robert Moore</b>                 |  |
| STREET ADDRESS | <b>11930 NE 19th Drive, Apt. 11</b> |  |
| CITY-ST-ZIP    | <b>North Miami, FL 33181</b>        |  |
| TITLE          | <b>VPD</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Victoria Falsone</b>             |  |
| STREET ADDRESS | <b>11930 NE 19th Drive, Apt. 26</b> |  |
| CITY-ST-ZIP    | <b>North Miami, FL 33181</b>        |  |
| TITLE          | <b>TD</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Michael Esterline</b>            |  |
| STREET ADDRESS | <b>11960 NE 19th Drive, Apt. A</b>  |  |
| CITY-ST-ZIP    | <b>North Miami, FL 33181</b>        |  |
| TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |
| TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |
| 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:

*Robert B Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)