

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90060 041 ****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

c/o Atlantis Management



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11915 NE 19th Dr
 Suite, Apt. #, etc.

3. Mailing Address

1031 Ives Dairy Road
 Suite, Apt. #, etc.
228

City & State

North Miami, FL

City & State

North Miami Beach FL

4. FEI Number

65-0510327

Applied For

Not Applicable

Zip

Country

33181

Zip

Country

33169

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, ROBERT	
STREET ADDRESS	11930 NE 19TH DRIVE APT 11	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FALSONE, VICTORIA	
STREET ADDRESS	11930 NE 19TH DRIVE APT 26	
CITY-ST-ZIP	N MIAMI FL 33181	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ESTERLINE, MICHAEL	
STREET ADDRESS	11960 NE 19TH DRIVE APT A	
CITY-ST-ZIP	MIAMI FL 33181	
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	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Peter Montemayor		
STREET ADDRESS	1550A miami lake way north # 201		
CITY-ST-ZIP	North Miami, FL 33114		
TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Sunny Daly Moore		
STREET ADDRESS	11930 NE 19th Dr #11		
CITY-ST-ZIP	North Miami, FL 33181		
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 MOORE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 *305/237/3173*
 Date Daytime Phone #

CFR2037 (9/01)