2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2002 8:00 am Secretary of State DOCUMENT # **N95000002848** 1. Entity Name 04-29-2002 90203 023 ****61.25 THE COURTS AT SOUTH BEACH CONDOMINIUM ASSOCIATIO N. INC. Principal Place of Business Mailing Address 9095 SW 87TH AVENUE 彩 SW 87TH AVE RADIOFI **SUITE #177** £ 777 #AMI FL 33176 MIAMI FL 33176 US US 2. Principal Place of Busines siscayne Blvd. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0584267 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address BEDZOW, MICHAEL 20803 BISCAYNE BLVD SUITE 200 City **AVENTURA FL 33180** e purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named entity submits ηĐ **增**机工业等。 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE \$ \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. (9/01) ☐ Addition Change PD ☐ Delete TITLE NAME NAME DAVID, ALAN STREET ADDRESS STREET ADDRESS 803 BISCAYNE BLVD, SUITE #200 CITY-ST-ZIP CITY-ST-ZIE **AVENTURA FL 33180** Change Addition ■ Delete TITLE TITLE SONIA DULA NAME NAME **GURDOFF, FRANK** STREET ADDRESS 126 Jefferson Ave #118 STREET ADDRESS 120 JEFFERSON AVE #12012 --CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33133 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CARPENTER, JUDY STREET ADDRESS STREET ADDRESS 803 BISCAYNE BLVD, SUITE #200 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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 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 article of the corporation of the receiver trustee empowered. changed, or on an attachny

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP