

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90046 008 ****61.25

DOCUMENT # N96000000736

1. Entity Name
FORTUNE HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 2601 SOUTH BAYSHORE DRIVE 2601 SOUTH BAYSHORE DRIVE
 PENTHOUSE ONE PENTHOUSE ONE
 MIAMI FL 33133 MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
185 S.E. 14 TERRACE **185 S.E. 14 TERRACE**
 Suite, Apt. #, etc. Suite, Apt. #, etc. **104**

City & State City & State 4. FEI Number Applied For
MIAMI FL **MIAMI FL** **65-0747430** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33131 **USA** **33131** **USA** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
LEIBOVITCH, ELLEN M
2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPS GOODKIND, BRIAN K 2601 S. BAYSHORE DRIVE, PH-9th FLOOR MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT PADRON, IRVING A 2601 S. BAYSHORE DRIVE, PH-1 MIAMI FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GONZALEZ, JOSE ANTONIO 2601 S. BAYSHORE DRIVE, PH-1 MIAMI FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Robert FINUARB 2601 S. BAYSHORE DR, 9th Floor MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT ELIZABETH GUIA 185 S.E. 14 TERRACE # MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 3/24/01 305-856-3208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)