

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90890 028 ****61.25

DOCUMENT # N96000000736

1. Entity Name

FORTUNE HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**185 SE 14 TERRACE
 MIAMI FL 33131**

**185 SE 14 TERRACE
 MIAMI FL 33131**

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

65-0747430

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

**LEIBOVITCH, ELLEN M
 2601 S. BAYSHORE DRIVE
 SUITE 1600
 MIAMI FL 33133**

Name

MARK Steinberg

Street Address (P.O. Box Number is Not Acceptable)

4360 S.W. 72 St #287

City

MIAMI

FL

Zip Code

33173

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

Mark J. Steinberg

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 **DPS** Delete
 NAME **GOODKIND, BRIAN K**
 STREET ADDRESS **2601 S BAYSHORE DRIVE 9TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **DPS** Change Addition
 NAME **RAPAEI VILIA**
 STREET ADDRESS **185 SE 14 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DVP** Delete
 NAME **FINVARB, ROBERT**
 STREET ADDRESS **2601 S BAYSHORE DRIVE 9TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **DVP** Change Addition
 NAME **Miguel Rosenfeld**
 STREET ADDRESS **185 SE 14 TERRACE # 2903**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DVPT** Delete
 NAME **GUIA, ELIZABETH**
 STREET ADDRESS **185 SE 14 TERRACE #**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/02

Date

Daytime Phone #

CR2E037 (9/01)