

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90077 004 ****61.25

DOCUMENT # N96000002029

1. Entity Name

EUCLID EAST CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1545 EUCLID AVENUE
 MIAMI BEACH FL 33139
 US

306 ALCAZAR AVENUE, SUITE 303
 CORAL GABLES FL 33134
 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

59-1212469

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

BORTNICK, MICHAEL
1545 EUCLID AVE APT 6K
MIAMI BEACH FL 33139

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	RUBIN, RHODA	
STREET ADDRESS	1545 EUCLID AVE. #4E,	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	P	<input type="checkbox"/> Delete
NAME	PENENGO, MARCELO	
STREET ADDRESS	1545 EUCLID AVENUE #3-K	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HANSHAW, DAVID	
STREET ADDRESS	1545 EUCLID AVENUE #6-F	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	<input type="checkbox"/> Delete
NAME	BORTNICK, MICHAEL	
STREET ADDRESS	1545 EUCLID AVENUE #6-K	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, CLAUDIO	
STREET ADDRESS	1545 EUCLID AVENUE #2-F	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILFER, JOEN	
STREET ADDRESS	1545 EUCLID AVE. #6-A	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rubin, Rhoda	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hanshaw, David	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brounstein, Lon	
STREET ADDRESS	1545 Euclid Ave # 4-K	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smigel, Judith	
STREET ADDRESS	1545 Euclid Ave # 3-G	
CITY-ST-ZIP	Miami Beach, FL 33139	
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:

SIGNATURE REQUIRED
 Signature and typed or printed name of signing officer or director

Michael Bortnick 2-10-02 305-673-8355

Date

Daytime Phone #

CR2E037 (9/01)