

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-27-2002 90069 010 ****61.25

DOCUMENT # N96000003651

1. Entity Name

GOLDEN NUGGET BEACH CLUB AND HOTEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

55 COLLINS AVENUE
 SUNNY ISLES FL 33160

18555 COLLINS AVENUE
 SUNNY ISLES FL 33160

B0051942



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0692259

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

HERNANDEZ, ALEREDO
18555 COLLINS AVENUE
SUNNY ISLES FL 33160

Name

ISAAC FRANCO

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

18555 Collins Ave

City

Sunny Isles Blvd

FL

Zip Code

33160

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

Isaac Franco

3/15/02

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	DST	<input type="checkbox"/> Delete
NAME	DEZER, GIL	
STREET ADDRESS	18555 COLLINS AVE # 259	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	DPD	<input type="checkbox"/> Delete
NAME	FRANCO, ISAAC	
STREET ADDRESS	18555 COLLINS AVE # 236	
CITY-ST-ZIP	SUNNY-ISLES FL 33160	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DEZER, MICHAEL	
STREET ADDRESS	18555 COLLINS AVE # 260	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Isaac Franco
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISAAC FRANCO 3/15/02

Date

Daytime Phone #

CR2E037 (9/01)