

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90002 019 ****61.25

DOCUMENT # N99000002576

1. Entity Name

ENCLAVE ON SOUTH BEACH CONDOMINIUM ASSOCIATION.

Principal Place of Business

**349/359 MERIDIAN AVE
 MIAMI BEACH FL 33139**

Mailing Address

**349/359 MERIDIAN AVE
 MIAMI BEACH FL 33139**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

545 Michigan Ave

Suite 1

Miami Beach

33139



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0920353**

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

**GREENSPOON, MARDER, HIRSCHFELD ET AL
 TRADE CENTRE SOUTH, SUITE 700
 100 W CYPRESS CREEK RD
 FT LAUDERDALE FL 33309**

Name

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

City

FL

Zip Code

Pamela Gray

545 Michigan Ave. #1

Miami Beach

33139

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

After September 12, 2001, min. will be \$236.25

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

TITLE **PD** ☐ Delete
 NAME **GOLDSTEIN, LEROY**
 STREET ADDRESS **349/359 MERIDIAN AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VD** ☐ Delete
 NAME **GREENSPOON, GERALD**
 STREET ADDRESS **2419 E COMMERCIAL BLVD #200**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **STD** ☐ Delete
 NAME **GOLDSTEIN, PAMELA**
 STREET ADDRESS **349/359 MERIDIAN AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Pamela Gray, Secretary 7/19/01 3055304113

CR2E037 (5/01)