

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2000 8:00 am
Secretary of State

06-21-2000 90002 047 ****61.25

DOCUMENT # N99000005479



1. Entity Name
BELLAGIO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 18695 COLLINS AVENUE 18695 COLLINS AVENUE
 SUNNY ISLES BEACH FL 33160 SUNNY ISLES BEACH FL 33160-2404

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 Applied For
APPLIED Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVIN, JENNIFER
C/O BEDZOW, KORN, BROWN, ET AL, P.A.
20803 BISCAYNE BLVD., SUITE 200
AVENTURA FL 33180

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	LEVIN, JENNIFER	20803 BISCAYNE BLVD., SUITE #200	AVENTURA FL 33180	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	SERGILE, JUDITH	20803 BISCAYNE BLVD., SUITE #200	AVENTURA FL 33180	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	GARCIA, JESSICA	20803 BISCAYNE BLVD., SUITE #200	AVENTURA FL 33180	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: **5-1-2000** Daytime Phone #: **305-792-2626**

CR2E037 (9/99)