

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-17-2001 91281 031 ***61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005479

1. Entity Name
 Bellagio Condominium Association, Inc.

Principal Place of Business **Mailing Address**
 48695 Collins Avenue 48695 Collins Avenue
 Sunny Isles Beach, FL 33460 Sunny Isles Beach, FL 33460

2. Principal Place of Business **3. Mailing Address**
 1688 Meridian Ave. 1688 Meridian Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 506 Suite 506

DO NOT WRITE IN THIS SPACE

City & State
 Miami Beach, FL City & State
 Miami Beach, FL

4. FEI Number **Applied For**
 Not Applicable

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

Zip **Country**
 33139 USA Zip Country
 33139 USA

6. Name and Address of Current Registered Agent **7. Name and address of New Registered Agent**

Name
 Jennifer Levin Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable)
 C/O Bedzow, Korn, Brown, et al, P.A. 100 SE 2nd Street

Suite 3500

City **FL** **Zip**
 Aventura, FL 33180 Miami 33131

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 **Leon J. Wolfe, VP** **4-25-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW **9. Election Campaign Financing** **\$5.00 May Be** **Make Check Payable to**
FEES \$81.25 **Trust Fund Contribution.** **Added to Fees** **Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jennifer Levin 20803 Biscayne Blvd., Suite 200 Aventura, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Gilbert Benhamou 1688 Meridian Avenue, Suite 506 Miami Beach, Florida 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Judith Sergile 20803 Biscayne Blvd., Suite 200 Aventura, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miami Beach, Florida 33139 KEN STEWART 1688 MERIDIAN AVE, #506 MIAMI BEACH, FL. 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Jessica Garcia 20803 Biscayne Blvd., Suite 200 Aventura, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VERONIQUE DAMSEAU 1688 MERIDIAN AVE. #506 MIAMI BEACH, FL. 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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

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 **Gilbert Benhamou, Secretary** **4-25-01** **305-776-7778**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #