

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

05-17-2001 91281 031 \*\*\*\*61.25

**DOCUMENT # N99000005479****1. Entity Name**

Bellagio Condominium Association, Inc.

**Principal Place of Business**

18695 Collins Avenue

**Mailing Address**

18695 Collins Avenue

Sunny Isles Beach, FL 33160

Sunny Isles Beach, FL 33160

**2. Principal Place of Business**

1688 Meridian Ave.

**3. Mailing Address**

1688 Meridian Ave.

Suite, Apt. #, etc.

Suite 506

Suite, Apt. #, etc.

Suite 506

**City & State**

Miami Beach, FL

**City & State**

Miami Beach, FL

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

33139

**Country**

USA

**Zip**

33139

**Country**

USA

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

Jennifer Levin

C/O Bedzow, Korn, Brown, et al, P.A.

20803 Biscayne Blvd., Suite 200

Aventura, FL 33180

**7. Name and address of New Registered Agent****Name**

Registered Agents of Florida, LLC

**Street Address (P.O. Box Number is Not Acceptable)**100 SE 2<sup>nd</sup> Street

Suite 3500

**City**

Miami

FL

**Zip**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Leon J. Wolfe, VP 4-25-01

FILE NOW  
FEE IS \$61.25**9. Election Campaign Financing**☐**\$5.00 May Be Added to Fees****Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS**

|                       |                                 |  |
|-----------------------|---------------------------------|--|
| <b>TITLE</b>          | <b>PD</b>                       | <input checked="" type="checkbox"/> Delete |
| <b>NAME</b>           | Jennifer Levin                  |  |
| <b>STREET ADDRESS</b> | 20803 Biscayne Blvd., Suite 200 |  |
| <b>CITY-STATE-ZIP</b> | Aventura, FL 33180              |  |

|                       |                                 |  |
|-----------------------|---------------------------------|--|
| <b>TITLE</b>          | <b>VD</b>                       | <input checked="" type="checkbox"/> Delete |
| <b>NAME</b>           | Judith Sergile                  |  |
| <b>STREET ADDRESS</b> | 20803 Biscayne Blvd., Suite 200 |  |
| <b>CITY-STATE-ZIP</b> | Aventura, FL 33180              |  |

|                       |                                 |  |
|-----------------------|---------------------------------|--|
| <b>TITLE</b>          | <b>STD</b>                      | <input checked="" type="checkbox"/> Delete |
| <b>NAME</b>           | Jessica Garcia                  |  |
| <b>STREET ADDRESS</b> | 20803 Biscayne Blvd., Suite 200 |  |
| <b>CITY-STATE-ZIP</b> | Aventura, FL 33180              |  |

|                       |  |                                 |
|-----------------------|--|---------------------------------|
| <b>TITLE</b>          |  | <input type="checkbox"/> Delete |
| <b>NAME</b>           |  |                                 |
| <b>STREET ADDRESS</b> |  |                                 |
| <b>CITY-STATE-ZIP</b> |  |                                 |

|                       |  |                                 |
|-----------------------|--|---------------------------------|
| <b>TITLE</b>          |  | <input type="checkbox"/> Delete |
| <b>NAME</b>           |  |                                 |
| <b>STREET ADDRESS</b> |  |                                 |
| <b>CITY-STATE-ZIP</b> |  |                                 |

**11. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                       |                                 |  |
|-----------------------|---------------------------------|--|
| <b>TITLE</b>          | <b>DPST</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>           | Gilbert Benhamou                |  |
| <b>STREET ADDRESS</b> | 1688 Meridian Avenue, Suite 506 |  |
| <b>CITY-STATE-ZIP</b> | Miami Beach, Florida 33139      |  |

|                       |                         |  |
|-----------------------|-------------------------|--|
| <b>TITLE</b>          |                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>           | KEN STEWART             |  |
| <b>STREET ADDRESS</b> | 1688 MERIDIAN AVE. #506 |  |
| <b>CITY-STATE-ZIP</b> | MIAMI BEACH, FL. 33139  |  |

|                       |                         |  |
|-----------------------|-------------------------|--|
| <b>TITLE</b>          |                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>           | VERONIQUE DAMSEAU       |  |
| <b>STREET ADDRESS</b> | 1688 MERIDIAN AVE. #506 |  |
| <b>CITY-STATE-ZIP</b> | MIAMI BEACH, FL. 33139  |  |

|                       |  |   |
|-----------------------|--|---|
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-STATE-ZIP</b> |  |   |

|                       |  |   |
|-----------------------|--|---|
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-STATE-ZIP</b> |  |   |

**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 #