2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

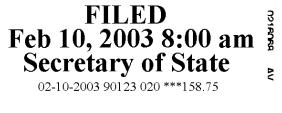
DOCUMENT #

P02000092822

1. Entity

MARE

Name BELLA COVE AT WATER	STONE, INC.	
Place of Business 8TH STREET 870	Mailing Address 80 S.W. 8TH STREET SUITE 1870	
EL 33130	MIAMI FL 33130	
pal Place of Business	3. Mailing Address	
Apt. #, etc.	Suite, Apt. #, etc.	



Principal Place of Business 80 S.W. 8TH STREET SUITE 1870 MIAMI FL 33130		Mailing Address 80 S.W. 8TH STREET SUITE 1870 MIAMI FL 33130	80 S.W. 8TH STREET SUITE 1870							
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4	Number 5-080171	9 /		pplied For	
Zip Country Zip		Zip	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curren	t Registered Agent			7Na	me and Address of New Reg				
KAHN, S.	LAWRENCE			Name	o (D.O. Bo)	(Number is Not Assertable)				
80 S.W. 8TH STREET SUITE 1870			ŀ	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL			_	City			FL	Zip Code	e	
the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing it	ts registered	d office or regis	stered agen	t, or both, in the State of Florid	a. I am far	niliar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered ager	nt and title if applicable. (NC	TE: Registered	Agent signature requ	ired when reins	stating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department					Election Campaign Finan Trust Fund Contribution.	cing		0 May Be to Fees	
10.	OFFICERS AND	D DIRECTORS	. 11.		ADD	TIONS/CHANGES TO OFFICE	ERS AND D	IRECTORS	S IN 11	
TITLE Name Street address City-St-Zip	D Kahn, S. Lawrence III 80 S.W. 8th Street Suite 18 Miami Fl 33130	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			Γ	_ Change	☐ Addition	
TITLE NAME STREET ADDRESS-	D Kahn Drody, Lani -80·S:W.=87H-Street-Suite-18	Delete	TITLE NAME	ADDRESS				Change	☐ Addition	
CITY-ST-ZIP	MIAMI FL 33130)/U	CITY-S							
HTLE VAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			Ε	_ Change	Addition	
TITLE NAME STREET ADDRESS (DITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP			C] Change	Addition	
ITLE NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied with	□ Delete	CITY-S		API] Change	Addition	

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 607, 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: