

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90214 006 ****61.25

DOCUMENT # 709974

1. Entity Name

SECOND MOORINGS CONDOMINIUM INC

Principal Place of Business

1551 NE MIAMI GARDENS DRIVE
 NORTH MIAMI BEACH FL 33179

Mailing Address

1551 NE MIAMI GARDENS DRIVE
 NORTH MIAMI BEACH FL 33179-4839

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

59-1160713

Applied For

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

WAND, NORMAN
 1551 NE MIAMI GARDENS DR #320
 SUITE 707
 N MIAMI BCH FL 33179

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 | DVPT | <input checked="" type="checkbox"/> Delete |
| NAME | FRANK, BERNARD | |
| STREET ADDRESS | 1551 NE MIAMI GARDENS | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WAND, NORMAN | |
| STREET ADDRESS | 1551 NE MIAMI GARDENS | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | EDELMAN, TOBY | |
| STREET ADDRESS | 1551 NE MIAMI GARDENS | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GOLDNER, IRVING | |
| STREET ADDRESS | 1551 NE MIAMI GARDENS DR #133 | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33179 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CRUZ, VICTOR | |
| STREET ADDRESS | 1551 NE MIAMI GARDENS DR #233 | |
| CITY-ST-ZIP | NO MIAMI BEACH FL 33179 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ACCARO, STEPHEN | |
| STREET ADDRESS | 1551 NE MIAMI GARDENS DR #222 | |
| CITY-ST-ZIP | N MIAMI BCH FL 33179 | |

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAROLD SACHS | |
| STREET ADDRESS | 1551 NE MIAMI GARDENS DR. | |
| CITY-ST-ZIP | N. MIAMI Bch, FL | |
| TITLE | TREAS. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FRANCES PAPPAS | |
| STREET ADDRESS | 1551 NE MIAMI GARDENS DR. | |
| CITY-ST-ZIP | N. MIAMI Beach, FL | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FLORA LINKER | |
| STREET ADDRESS | 1551 NE MIAMI GARDENS DR. | |
| CITY-ST-ZIP | N. MIAMI Beach, FL | |
| TITLE | DVPT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IRVING Goldner | |
| STREET ADDRESS | 1551 NE MIAMI GARDENS DR #133 | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33179 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 *Treas FRANK PAPPAS* Date _____ Daytime Phone # _____

CR2E037 (9/99)