

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 08:00 AM**  
**Secretary of State**

**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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1551 NE MIAMI GARDENS DRIVE #337 Suite, Apt. #, etc.
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City & State NORTH MIAMI BEACH FL	4. FEI Number <b>59-1160713</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip 33179	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

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

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

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

Name  
**WAND NORMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
 1551 NE MIAMI GARDENS DR  
 320  
 City  
 N MIAMI BCH **FL** Zip Code  
 33179

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 **NORMAN WAND** DATE **05/23/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ACCARO STEPHEN 1551 NE MIAMI GARDENS DR #222 N MIAMI BCH FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ VICTOR 1551 NE MIAMI GARDENS DR #233 NO MIAMI BEACH FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDINER IRVING 1551 NE MIAMI GARDENS DR #133 NORTH MIAMI BEACH FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDELMAN TOBY 1551 NE MIAMI GARDENS NORTH MIAMI BEACH FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WAND NORMAN 1551 NE MIAMI GARDENS NORTH MIAMI BEACH FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINKER FLORA 1551 NE MIAMI GARDENS NORTH MIAMI BEACH FL 33179 <input checked="" 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)(f), 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: **Norman Wand** PTD **05/23/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

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**PAPPAS, FRAN D**  
**1551 NE MIAMI GARDENS DR**

**NO MIAMI BEACH, FL, 33179**

**SACHS, HAROLD D**  
**1551 NE MIAMI GARDENS DR**

**NO MIAMI BEACH, FL, 33179**