

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

DOCUMENT # 711360

1. Entity Name

NEW HORIZONS CONDOMINIUM MASTER ASSOCIATION, INC

01-18-2001 90028 049 ****61.25

| | |
|---|---|
| Principal Place of Business 1500 N.E. 191ST STREET NORTH MIAMI BEACH FL 33179 | Mailing Address 1500 N.E. 191ST STREET NORTH MIAMI BEACH FL 33179 |
|---|---|

A0006452



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|--------------------|---------|
| 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 59-1156946 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent HIRSCH, RUDOLPH 18901 NE 14 AVE. MIAMI FL 33179 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | 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: RUDOLPH HIRSCH Rudolph Hirsch 1-6-01
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. <input type="checkbox"/> \$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: D NAME: REITER, STANLEY STREET ADDRESS: 19001 N.E. 14 AVE. CITY-ST-ZIP: MIAMI FL 33179 | <input checked="" type="checkbox"/> Delete | TITLE: <u>MARVIN HARRISON</u> NAME: <u>MARVIN HARRISON</u> STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: SD NAME: CARMEN DIAZ MELENDEZ STREET ADDRESS: 1530 N.E. 191ST ST. CITY-ST-ZIP: MIAMI FL 33179 | <input checked="" type="checkbox"/> Delete | TITLE: <u>BOBBI SHEPIS</u> NAME: <u>BOBBI SHEPIS</u> STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: TD NAME: HENRY, JOHN STREET ADDRESS: 1450 N.W. 191ST STREET CITY-ST-ZIP: MIAMI FL | <input checked="" type="checkbox"/> Delete | TITLE: <u>GUSTAVO GUTIEREZ</u> NAME: <u>GUSTAVO GUTIEREZ</u> STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: ROSENTHAL, RITA STREET ADDRESS: 19001 N.E. 14TH AVE. CITY-ST-ZIP: MIAMI FL | <input checked="" type="checkbox"/> Delete | TITLE: <u>SHIRLEY KARBEN</u> NAME: <u>SHIRLEY KARBEN</u> STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: PD NAME: HIRSCH, RUDOLPH STREET ADDRESS: 18901 N.E. 14TH AVE. CITY-ST-ZIP: MIAMI FL | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VP NAME: MOSS, RENA STREET ADDRESS: 1550 NE 191 ST CITY-ST-ZIP: MIAMI FL | <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: Rudolph Hirsch RUDOLPH HIRSCH 1-5-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 305-947-1359

CR2E037 (10/00)