

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

0027195

**DOCUMENT # 711360**

1. Entity Name

**NEW HORIZONS CONDOMINIUM MASTER ASSOCIATION, INC**

02-07-2002 90069 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1500 N.E. 191ST STREET  
 NORTH MIAMI BEACH FL 33179

1500 N.E. 191ST STREET  
 NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1156946**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HIRSCH, RUDOLPH**  
**18901 NE 14 AVE.**  
**MIAMI 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>HARRISON, MARVIN</del>	
STREET ADDRESS	<del>19001 N.E. 14 AVE.</del>	
CITY-ST-ZIP	<del>MIAMI FL 33179</del>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SHEPIS, BOBBI</b>	
STREET ADDRESS	<b>1530 N.E. 191ST ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>GUTIEREZ, GUSTAVO</b>	
STREET ADDRESS	<b>1450 N.W. 191ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KARBEN, SHIRLEY</b>	
STREET ADDRESS	<b>19001 N.E. 14TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HIRSCH, RUDOLPH</b>	
STREET ADDRESS	<b>18901 N.E. 14TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MOSS, RENA</b>	
STREET ADDRESS	<b>1550 NE 191 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>none</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Rudolph Hirsch*  
**RUDOLPH HIRSCH**

Date

Daytime Phone #

*1-7-02*  
**1-7-02**  
*305*  
**947-1359**

CR2E037 (9/01)