

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90014 048 ****61.25

DOCUMENT # 711479

1. Entity Name

THIRD HORIZONS CONDOMINIUM, INC.



Principal Place of Business

1530 NORTHEAST 191 ST
NORTH MIAMI BEACH FL 33179

Mailing Address

1530 NORTHEAST 191 ST
NORTH MIAMI BEACH FL 33179

774453



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 29-1155632

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELENDEZ, CARMEN D
1530 NE 191 ST
N MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name

SCHAPI'S, ROBERTA L.

Street Address (P.O. Box Number is Not Acceptable)

1530 N.E. 191 ST

N. MIAMI BEACH

City

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

Roberta Schepis - ROBERTA SCHAPI'S PRESIDENT 7/11/01

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

After September 12, 2001, min. will be \$236.25

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 PD
NAME MELENDEZ, CARMEN
STREET ADDRESS 1530 NE 191 ST APT #125
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☒ Delete

TITLE VD
NAME ELLIS, JEFFREY
STREET ADDRESS 1530 NE 191 ST #106
CITY-ST-ZIP N MIAMI BEACH FL 33179 ☒ Delete

TITLE SD
NAME KALMUS, MURIEL
STREET ADDRESS 1530 NE 141 ST APT #109
CITY-ST-ZIP NORTH MIAMI BCH FL 33179 ☒ Delete

TITLE T
NAME LOYNAZ, MARIA
STREET ADDRESS 1530 NE 191ST 307
CITY-ST-ZIP NORTH MIAMI BCH FL 33179 ☒ Delete

TITLE BDM
NAME MANDES, ANA
STREET ADDRESS 1530 NE 191 ST APT #203
CITY-ST-ZIP N M BCH FL 33179 ☐ Delete

TITLE BDM
NAME LENORE, MILAN
STREET ADDRESS 1530 NE 191ST #1026
CITY-ST-ZIP MIAMI FL 33179 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT
NAME ROBERTA SCHAPI'S
STREET ADDRESS 1530 N.E. 191 ST #323
CITY-ST-ZIP N. MIAMI BCH, FL. 33179 ☒ Change ☐ Addition

TITLE V. PRES.
NAME MEIR LEIB
STREET ADDRESS 1530 N.E. 191 ST #340
CITY-ST-ZIP N. MIAMI BCH, FL. 33179 ☒ Change ☐ Addition

TITLE SECR.
NAME ANNA PAT. NO.
STREET ADDRESS 1530 N.E. 191 ST #244
CITY-ST-ZIP N. MIAMI BCH, FL. 33179 ☒ Change ☐ Addition

TITLE BDM
NAME LORRAINE RAMER
STREET ADDRESS 1530 N.E. 191 ST #302
CITY-ST-ZIP N. MIAMI BCH, FL. 33179 ☒ Change ☐ Addition

TITLE BDM
NAME MANDES, ANA
STREET ADDRESS 1530 NE 191 ST APT #203
CITY-ST-ZIP N M BCH FL 33179 ☐ Change ☐ Addition

TITLE BDM
NAME MURIEL KALMUS
STREET ADDRESS 1530 NE 191 ST #109
CITY-ST-ZIP N MIAMI BCH FL. 33179 ☒ Change ☐ 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:

Roberta Schepis

7/11/01

305 948-7798

CR2E037 (5/01)