

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90888 038 \*\*\*\*61.25

**DOCUMENT # 712191**

1. Entity Name

**POINT EAST THREE CONDOMINIUM CORPORATION, INC.**

Principal Place of Business

Mailing Address

**2895 POINT EAST DRIVE  
 MIAMI FL 33160**

**2895 POINT EAST DRIVE  
 MIAMI FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1279381**

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

**GLAZER, ERIC M  
 1920 E HALLANDALE BEACH  
 8TH FLOOR  
 HALLANDALE FL 33009**

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 type="checkbox"/> Delete
NAME	<b>BLECHER, SHIRLEY</b>	
STREET ADDRESS	<b>2920 POINT EAST DRIVE, N 101</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33160</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RAPPAPORT, DAVID</b>	
STREET ADDRESS	<b>2901 POINT E DR, APT M-506</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33160</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEDERMAN, BURTON</b>	
STREET ADDRESS	<b>2901 POINT EAST DR M510</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33160</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NUNES, LUIS</b>	
STREET ADDRESS	<b>2905 POINT EAST DR., L-607</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33160</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROWE, DAVID</b>	
STREET ADDRESS	<b>2903 POINT EAST DRIVE K 401</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33160</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Vice-President, Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Blecher, Shirley</b>	
STREET ADDRESS	<b>2920 Point East Drive, Apt N101</b>	
CITY-ST-ZIP	<b>Aventura, FL. 33160</b>	
TITLE	<b>President, Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rappaport, David</b>	
STREET ADDRESS	<b>2901 Point East Drive, Apt M-506</b>	
CITY-ST-ZIP	<b>Aventura, FL. 33160</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Treasurer, Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Alonso, Ricardo</b>	
STREET ADDRESS	<b>2920 Point East Drive, Apt N-510</b>	
CITY-ST-ZIP	<b>Aventura, FL. 33160</b>	
TITLE	<b>Secretary, Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Edwards, Anne</b>	
STREET ADDRESS	<b>2903 Point East Drive, Apt K 108</b>	
CITY-ST-ZIP	<b>Aventura, FL. 33160</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kaufman, Stuart</b>	
STREET ADDRESS	<b>2903 Point East Drive, Apt K 103</b>	
CITY-ST-ZIP	<b>Aventura, FL. 33160</b>	

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: *David Rappaport*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02  
 Date

305-931-9360  
 Dauding Phone

CR2E037 (9/01)

Attachment # 712191  
773063

POINT EAST THREE

PRESIDENT	DAVID RAPPAPORT	M-506	305 931-3812
VICE-PRES	SHIRLEY BLECHER	N-101	305 931-3417
SECRETARY	ANNE EDWARDS	K-108	305 466-3417
TREASURER	RICARDO ALONSO	N-510	305 466-4275
DIRECTOR	STUART KAUFMAN	K-103	305 936-1987