

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90074 047 ****61.25

DOCUMENT # 713206

1. Entity Name
EIGHTH MOORINGS CONDOMINIUM, INC.

Principal Place of Business
**18707 N E 14TH AVENUE
NORTH MIAMI BEACH FL 33179**

Mailing Address
**18707 N E 14TH AVENUE
NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1233805**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BUSCH, SCOTT A
7071 WEST COMMERCIAL BLVD.
SUITE 2B
TAMARAC FL 33319**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COICO, FRANK	NAME	
STREET ADDRESS	18707 N.E. 14TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTZ, CATHIE	NAME	
STREET ADDRESS	18707 N.E. 14TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, ELVIA	NAME	
STREET ADDRESS	18707 N.E. 14TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISMAN, GERTRUDE	NAME	
STREET ADDRESS	18707 NE 14TH AVE	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MILTON	NAME	
STREET ADDRESS	18707 NE 14TH AVE	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAREWOOD, ORMOND	NAME	
STREET ADDRESS	18707 NE 14TH AVE	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	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)(j), 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: *Gertrude Weisman* **GERTRUDE WEISMAN** 3/31 305-944-6806

CR2E037 (10/02)