

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90098 013 \*\*\*\*61.25

**DOCUMENT # 719669**

1. Entity Name

**DOMe CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2100 -2150 SANS SOUCI BLVD  
 NO MIAMI FL 33181  
 US

2150 SAN SOUCI BLVD.  
 P O BOX 9057  
 NORTH MIAMI FL 33181-3045  
 US

2. Principal Place of Business

2100-2150 Sans Souci Blvd. Same

3. Mailing Address

Suite, Apt. #, etc.

Office

City & State

No. Miami, Fl.

City & State

Same

4. FEI Number

59-1350690

Applied For

Not Applicable

Zip

Country

33181

U.S.A.

Zip

Country

33181

U.S.A.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.**  
**3111 STIRLING ROAD.**  
**BOX 9057**  
**FT. LAUDERDALE FL 33312-3525**

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.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMBERG, ABE	D
STREET ADDRESS	2100 SANS SOUCI BLVD #1204-S	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	POTISK, LADD	T
STREET ADDRESS	2100 SANS SOUCI BLVD #1405-N	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	T	<input type="checkbox"/> Delete
NAME	URKOWITZ, FLORENCE	T
STREET ADDRESS	2150 SANS SOUCI BLVD SUITE 1403-N	
CITY-ST-ZIP	N MIAMI FL 33181	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	PATT, ARNOLD	T
STREET ADDRESS	2100 SANS SOUCI BLVD #1502-S	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEAVY, YALE	D
STREET ADDRESS	2150 SANS SOUCI BLVD, #805	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORDUCHAY, FLORENCE	D
STREET ADDRESS	2150 SANS SOUCI BLVD, #1506	
CITY-ST-ZIP	N. MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry Roth	
STREET ADDRESS	2150 Sans Souci Blvd. # 1101-N	
CITY-ST-ZIP	North Miami, FL. 33181	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zelig Blumberg	
STREET ADDRESS	2150 Sans Souci Blvd. # 1406-N	
CITY-ST-ZIP	North Miami, FL. 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Abe Simberg*  
**Abe Simberg, Pres.**

Date

5/5/00

Daytime Phone #

(305) 893-2107

CR2E037 (9/99)