FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2001 8:00 am Secretary of State DOCUMENT # 719669 1. Entity Name 04-07-2001 90030 034 ****61.25 DOME CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2100 -2150 SANS SOUCI BLVD 2150 SAN SOUCI BLVD. NO MIAMI FL 33181 P O BOX 9057 C0043117 US NORTH MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address 2100-2150 Sans Souci Blv Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Office City & State City & State 4. FEI Number Applied For 59-1350690 North Miami, Florida Same Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33181 U.S.A. 33181 <u>U.S.A.</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name Street Address (P.O. Box Number is Not Acceptable) BECKER, POLIAKOFF & STREITFELD, P.A. 3111 STIRLING ROAD. **BOX 9057** Zip Code FT. LAUDERDALE FL 33312-3525 FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. \mathbf{T} TITLE ☐ Delete TITLE Zeliq Blumberg SIMBERG, ABE NAME NAME 2150 Sans Souci Blvd. | 1406-N STREET ADDRESS STREET ADDRESS 2100 SANS SOUCI BLVD #1204-S North Miami, Fl. 33181 CITY-ST-ZIP CITY-ST-ZIP <u>n. miami FL 3</u>3181__ TITLE Edward Tan Change Addition TITLE Delete Т NAME POTISK, LADD NAME ‡ 1602-N 2150 Sans Souci Blvd. STREET ADDRESS 2100 SANS SOUCI BLVD #1405-N STREET ADDRESS North Miami, Fl. 33181 CITY-ST-ZIP -CITY-ST-ZIP N. MIAMI_FL_33181____ TITLE ☐ Change Addition TITLE Delete NAME **URKOWITZ, FLORENCE** NAME STREET ADDRESS STREET ADDRESS 2150 SANS SOUCI BLVD SUITE 1403-N CITY-ST-7IP CiTY-ST-ZIP N MIAMI FL 33181 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME PATT, ARNOLD NAME STREET ADDRESS STREET ADDRESS 2100 SANS SOUCI BLVD #1502-S CITY-ST-21P CITY-ST-ZIP N. MIAMI FL 33181 TITLE T D ☐ Delete TITLE ☐ Change ☐ Addition NAME LEAVY, YALE NAME STREET ADDRESS STREET ADDRESS 2150 SANS SOUCI BLVD 805 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33181 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MORDUCHAY, FLORENCE NAME NAME STREET ADDRESS 2150 SANS SOUCI BLVD, #1506 STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP N. MIAMI FL 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 dustee 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 another like empowered.

SIGNATURE AND PRESENTED NAME OF SIGNING OFFICER OR DIRECTOR MbeDSimberg, Pres. 4/4/01 SIGNATURE: Date Daytime Phone #

(305)893-2107