


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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90207 049 ****61.25

UBR03/01

DOCUMENT # 719669
1. Entity Name
DOME CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2100 -2150 SANS SOUCI BLVD
OFFICE
NO MIAMI FL 33181
US**

Mailing Address
**2100 -2150 SANS SOUCI BLVD
OFFICE
NO MIAMI FL 33181
US**

2. Principal Place of Business
2100-2150 Sans Souci Blvd.

3. Mailing Address
Same

Suite, Apt. #, etc.
Office

Suite, Apt. #, etc.
Office

City & State
33181


City & State
Same

Zip
33181

Country
U.S.A.

Zip
33181

Country
U.S.A.



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1350690**

Applied For
 Not Applicable

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

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

SIGNATURE: *Abe Simberg* **Abe Simberg, Pres.** **4/10/03**

Signature, typed or printed name of registered agent and fee, 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROE, RENDA R	
STREET ADDRESS	2150 SANS SOUCI BLVD. #211	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	T	<input type="checkbox"/> Delete
NAME	URKOWITZ, FLORENCE	
STREET ADDRESS	2150 SANS SOUCI BLVD. #1403	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEHMAN, PHYLLIS	
STREET ADDRESS	2100 SANS SOUCI BLVD. #1004	
CITY-ST-ZIP	N MIAMI FL 33181	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRAUN HERBERT	
STREET ADDRESS	2100 SANS SOUCI BLVD. #905	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JASSEN, ROBERT	
STREET ADDRESS	2100 SANS SOUCI BLVD. #PHD1	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, FABIAN	
STREET ADDRESS	2100 SANS SOUCI BLVD. #101	
CITY-ST-ZIP	N. MIAMI FL 33181	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abe Simberg	
STREET ADDRESS	2100 Sans Souci Blvd. # 1204	
CITY-ST-ZIP	N. Miami, Fl. 33181	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arnold Patt	
STREET ADDRESS	2100 Sans Souci Blvd. #1502	
CITY-ST-ZIP	N. Miami, Fl. 33181	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yale Leavy	
STREET ADDRESS	2150 Sans Souci Blvd. #805	
CITY-ST-ZIP	N. Miami, Fl. 33181	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Florence Morduchay	
STREET ADDRESS	2150 Sans Souci Blvd. # 1506	
CITY-ST-ZIP	N. Miami, Fl. 33181	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Theodore McNabney	
STREET ADDRESS	2100 Sans Souci Blvd. #602	
CITY-ST-ZIP	N. Miami, Fl. 33181	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Darrall	
STREET ADDRESS	2100 Sans Souci Blvd. #1405	
CITY-ST-ZIP	N. Miami, Fl. 33181	

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* **REQUIRED** **4/10/03** **(305) 893-2107**

CFR2E037 (10/02)