

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90189 004 \*\*\*\*61.25

**DOCUMENT # 719991**

1. Entity Name  
**RO-MONT SOUTH CONDOMINIUM "J", INC.**

Principal Place of Business  
 20311 N.E. 2ND AVE.  
 N MIAMI BEACH FL 33179

Mailing Address  
 20311 N.E. 2ND AVE.  
 N MIAMI BEACH FL 33179-2396

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

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

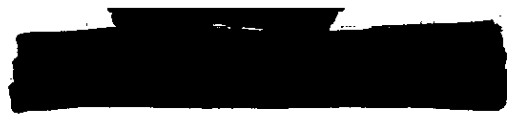
City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1415936** 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

**COTE, DORA K**  
 20311 NE 2ND AVE  
 SUITE J-33  
 N MIAMI BCH. FL 33179

7. Name and Address of New Registered Agent

Name **RO-MONT SOUTH EXECUTIVE COUNCIL, INC**

Street Address (P.O. Box Number is Not Acceptable)  
~~20314 NE 2ND AVE~~

City **N. MIAMI BEACH** FL Zip Code **33174**

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 *Dora K. Cote* *DORA COTE* *[Signature]* *7/5/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

FILE NOW: FEE IS \$61.25

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	<b>V.P.</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, DAVID</b>	
STREET ADDRESS	<b>20311 NE 2ND AVE #1</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEVINE, BLANCH</b>	
STREET ADDRESS	<b>20311 NE 2ND AVE #1</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>COTE, DORA</b>	
STREET ADDRESS	<b>20311 NE 2ND AVE., APT. 33</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	
TITLE	<b>P.D.</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FRISICARO, CHARLES</b>	
STREET ADDRESS	<b>20311 N.E. 2ND AVE. # 10</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D-SECRETARY</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILORD JOCELYN</b>	
STREET ADDRESS	<b>20311 N.E. 2ND AVE.</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH, FLA.</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PRESIDENT - D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEVINE, NORMAN</b>	
STREET ADDRESS	<b>20311 N.E. 2ND AVE</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH, FLA.</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2ND V.P. - D KWOK, RICHARD</b>	
STREET ADDRESS	<b>20311 N.E. 2ND AVE.</b>	
CITY-ST-ZIP	<b>N. MIAMI Bch, FLA</b>	
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: *NORMAN LEVINE* *1/6/00* *305 6510574*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)