## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 07, 2002 8:00 am Secretary of State **DOCUMENT # 725117** 1. Entity Name LEEWARD POINT CONDOMINIUM INC 03-07-2002 90017 007 \*\*\*\*61.25 Principal Place of Business Mailing Address O/O HORIZON MAIN SERVICES C/O HORIZON MAIN SERVICES 3211 N 74TH AVE 3211 N. 74TH AVE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1675853 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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) CAM, JOSEPH PECKO **3211 N. 74TH AVENUE** SUME 1 HOLLYWOOD FL 33024 Zip Code 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. **SIGNATURE** Signature, typed or printed nary (NOTE: Registered Agent signature required 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change Addition BIT Bobson. BARAZ, IRA NAME NAME 16471 NE 27 place STREET ADDRESS 16463 NW 27 PLACE STREET ADDRESS CITY-ST-7IP NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP North Miam Beh F por Directer. TITLE ☐ Delete Director TITLE Change ☐ Addition ANTONIO, MARK Antonio MARK NAME STREET ADDRESS 2811 NE 164TH STREET 2811 NE 164 St STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL CITY-ST-ZIP N.MB E 33160 10 Director TITLE Director Come - Delete" TITLE----☐ Addition EPPERSON, JACK NAME pperson, JACK NAME STREET ADDRESS 2785 NE 165 TERR 2755 NETUSTERIA STREET ADDRESS CITY-ST-7IP NORTH MIAMI BEACH FL 33160 CITY-ST-7IP NMB F TITLE ☐ Delete TITLE Director. Change Addition MANUEL Cosio MOUYAL, SUSAN NAME NAME STREET ADDRESS 16446 NE 27 PLACE 2187 NE 164 St STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP N.MB 33160 TITLE. ☐ Delete TITLE Change ☐ Addition ROJAS, TONY MAME NAME STREET ADDRESS **16478 NE 27TH PLACE** STREET ADDRESS CITY-ST-ZIP NORTH MIAM! BEACH FL 33160 CITY-ST-78P TITLE ☐ Delete TITLE たてててくえご Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

2/13/02 (305)94

empowered.

ent with an address, with all other like

**SIGNATURE**