

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91339 027 ***150.00

DOCUMENT # 725666

1. Entity Name

DESOTO PARK CONDOMINIUM ASSOCIATION INC

Principal Place of Business

751 THREE ISLANDS BLVD.
 HALLANDALE FL 33009

Mailing Address

751 THREE ISLANDS BLVD.
 HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1555524

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

SCAVO JOSEPH
 2000 ATLANTIC SHORES BLVD
 SUITE 214
 HALLANDALE FL 33009

Marc A. Kuperman,
 OFFICE AT Pinecrest
 7695 SW 104 ST
 Suite 210
 miami, Florida 33156

7. Name and Address of New Registered Agent

Name **Marc A Kuperman, Esquire**
 Street Address (P.O. Box Number is Not Acceptable)
Office at Pinecrest
7695 SW 104 ST Suite 210
 City **miami** FL Zip Code **33156**

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 Joseph Scavo
 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	P	<input type="checkbox"/> Delete
NAME	SCAVO, JOSEPH	
STREET ADDRESS	751 THREE ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE, 33009 Beach, FL 33009	
TITLE	T	<input type="checkbox"/> Delete
NAME	FINELSTEIN, ANNE	
STREET ADDRESS	851 3 ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	<input type="checkbox"/> Delete
NAME	LIVENSTON, BERNEICE	
STREET ADDRESS	751 THREE ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SIMON, LEON	
STREET ADDRESS	751 THREE ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BORDON, HY	
STREET ADDRESS	701 3 ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUDERMAN, JEAN	
STREET ADDRESS	601 THREE ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Orville Plotkin Orville Plotkin	
STREET ADDRESS	751 Three Islands Blvd	
CITY-ST-ZIP	Hallandale Beach, FL	
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: Berneice Liveston
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/29/01 Daytime Phone # (954) 456 0609

32x

CR2E037 (10/00)