

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90087 009 ****61.25

DOCUMENT # 726211

1. Entity Name
CASTLE #12 CONDOMINIUM, INC.



Principal Place of Business
4751 NW 21ST ST
LAUDERHILL FL 33313

Mailing Address
GERSHON BERKOWITZ
4751 N.W. 21ST STREET
LAUDERHILL FL 33313

60002533



CHECK HERE IF MAKING CHANGES

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

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

City & State
City & State

4. FEI Number **59-1499153**
Applied For
Not Applicable

Zip Country -- Zip Country

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

6. Name and Address of Current Registered Agent
BERKOWITZ, GERSHON
4751 NW 21ST STREET
LAUDERHILL FL 33313

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 *Gershon Berkowitz* DATE *1/6/2003*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
T BERKOWITZ, GERSHON 4751 NW 21ST ST FT LAUDERDALE FL	<input type="checkbox"/> Delete
VP GOLOSTEIN, ANNETLE 4751 NW 21ST ST LAUDERHILL FL	<input type="checkbox"/> Delete
P IRVING SCHWARTZ 4751 NW 21ST ST. LAUDERHILL FL 33313	<input type="checkbox"/> Delete
D FRIEDMAN, PHILIP 4751 NW 21ST ST. LAUDERHILL FL	<input type="checkbox"/> Delete
D SAUL MYRON 4751 NW 21ST ST LAUDERHILL FL 33313	<input type="checkbox"/> Delete
S LESHNER, MARCELLA 4751 NW 21ST ST LAUDERHILL FL 33313	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gershon Berkowitz* DATE: *1/6/2003* *904-739-4389*

CR2E037 (10/02)