

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90034 020 \*\*\*\*61.25

**DOCUMENT # 726549**

1. Entity Name

**OMEGA CONDOMINIUM NO. 8, INC.**

Principal Place of Business

7500 N.W. 17TH STREET  
 PLANTATION FL 33313-2174

Mailing Address

7500 N.W. 17TH STREET  
 PLANTATION FL 33313-2174

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

**59-1559708**

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

**BERGMAN, A.C., CPA**  
**7515 W. OAKLAND PARK BLVD.**  
**LAUDERHILL FL 33319**

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.

SIGNATURE

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MASS, HERBERT</b>	
STREET ADDRESS	<b>7500 NW 17TH ST</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GROSS, DOROTHY</b>	
STREET ADDRESS	<b>7500 NW 17TH ST</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WEXLER, BEA</b>	
STREET ADDRESS	<b>7500 NW 17TH ST</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOLDWEITZ, PEARL</b>	
STREET ADDRESS	<b>7500 NW 17TH ST</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	
TITLE	<b>ID</b>	<input type="checkbox"/> Delete
NAME	<b>RUBENFAER, BENNY</b>	
STREET ADDRESS	<b>7500 NW 17TH STREET</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HIRSCH, EDITH</b>	
STREET ADDRESS	<b>7500 N W 17TH STREET</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	

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	<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	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Benny Rubenfaer* **BENNY RUBENFAER** **TREAS.** **1/5/02** **954-584-9580**

Date

Daytime Phone #

CR2E037 (9/01)