

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

00111

DOCUMENT # 728015

1. Entity Name

THE OLYMPUS ASSOCIATION, INC.

03-12-2001 90459 022 ****61.25

Principal Place of Business

**500 THREE ISLANDS BLVD.
 HALLANDALE FL 33009**

Mailing Address

**500 THREE ISLANDS BLVD.
 HALLANDALE FL 33009**

930080



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1497116

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

7. Name and Address of New Registered Agent

**SKRLD, INC.
 ATTN: LISA LERNER
 201 ALHAMRA CIRCLE, SUITE 1102
 CORAL GABLES FL 33134**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMS, PATRICIA	
STREET ADDRESS	500 3 ISLAND BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SUPERFINE, EARL	
STREET ADDRESS	500-3 ISLAND BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHERLINE, STUART	
STREET ADDRESS	2500 PARKVIEW DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SUKOFF, PEGGY	
STREET ADDRESS	500 THREE ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SILVERMAN, NORMA	
STREET ADDRESS	600 THREE ISLANDS BLVD.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEON, LEE	
STREET ADDRESS	2500 PARKVIEW DR.	
CITY-ST-ZIP	HALLANDALE, FL. PRESIDENT	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUPERFINE EARL	
STREET ADDRESS	500 THREE ISLANDS Blvd.	
CITY-ST-ZIP	HALLANDALE FL DIRECTOR	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERLINE, STUART	
STREET ADDRESS	2500-PARKVIEW-DR	
CITY-ST-ZIP	HALLANDALE FL. DIRECTOR	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBBIA, JOSEPH	
STREET ADDRESS	2500 PARKVIEW DR..	
CITY-ST-ZIP	HALLANDALE FL VICE PRESIDENT	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODALL, ROBERTA	
STREET ADDRESS	2500 PARKVIEW DR	
CITY-ST-ZIP	HALLANDALE FL DIRECTOR	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, PATRICIA	
STREET ADDRESS	500 THREE ISLANDS Blvd.	
CITY-ST-ZIP	HALLANDALE, FL SECRETARY	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-01 (954) 456-8886

Date Daytime Phone #

CR2E037 (10/00)

Attachment
930080
928015

MILLER, LEONARD

500 THREE ISLANDS BLVD.

HALLANDALE, FL. 33009 DIRECTOR

BORGENICT, DAVID

2500 PARKVIEW DR.

HALLANDALE, FL. 33009 DIRECTOR