

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90069 001 ****61.25

DOCUMENT # 735080
 1. Entity Name
OCEANVIEW PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
800 PARKVIEW DR. **800 PARKVIEW DR.**
APT. #125 **#125**
HALLANDALE FL 33009 **HALLANDALE FL 33009**
US **US**



DO NOT WRITE IN THIS SPACE

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 Applied For
59-1669983 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~WISE, JULIUS~~
~~800 PARKVIEW DRIVE~~
~~APT. #125~~
~~HALLANDALE FL 33009~~

7. Name and Address of New Registered Agent
 Name **IRA MITCHELL**
 Street Address (P.O. Box Number is Not Acceptable) **1000 PARKVIEW DR #210**
APT. # 210
 City **HALLANDALE** FL Zip Code **33009**

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 Ira Mitchell Ira Mitchell DATE 3/1/01
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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PB	<input checked="" type="checkbox"/> Delete
NAME	WISE, JULIUS	
STREET ADDRESS	800 PARKVIEW DR #125	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WEINSTEIN, DAVID	
STREET ADDRESS	800 PARKVIEW DR #125	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOLDSMITH, ARTHUR	
STREET ADDRESS	800 PARKVIEW DR #125	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STEIN, ESTHER	
STREET ADDRESS	800 PARKVIEW DR #125	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, IRA	
STREET ADDRESS	100 PARKVIEW DR #210	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOLINSKY, KATHAN	
STREET ADDRESS	800 PARKVIEW DR #921	
CITY-ST-ZIP	HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, IRA	
STREET ADDRESS	1000 PARKVIEW DR. #210	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERC, NEMEN	
STREET ADDRESS	2412 NE 11 ST	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NONGRADOS, JOAN	
STREET ADDRESS	800 PARKVIEW DR #520	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKINS, RICHARD	
STREET ADDRESS	800 PARKVIEW DR. #902	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASSER, MORRIS	
STREET ADDRESS	1000 PARKVIEW DR #914	
CITY-ST-ZIP	HALLANDALE FL. 33009	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLINSKY, NATHAN	
STREET ADDRESS	800 PARKVIEW DR #921	
CITY-ST-ZIP	HALLANDALE FL. 33009	

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: Ira Mitchell Ira Mitchell DATE 3/1/01 Daytime Phone # (954) 458-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)