

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90042 048 \*\*\*\*61.25

**DOCUMENT # 735271**

1. Entity Name

**THE WILSHIRE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1250 NE MIAMI GARDENS DR.  
 N MIAMI BCH. FL 33179-1704

1250 NE MIAMI GARDENS DR.  
 N MIAMI BCH. FL 33179-4704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1673299**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER, POLIAKOFF & STREITFELD**  
**3111 STIRLING RD.**  
**FT. LAUDERDALE FL 33312-3525**

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: <input checked="" type="checkbox"/> Delete NAME: <b>DVP WALLACE, NORMAN</b> STREET ADDRESS: <b>1250 NE MIAMI GRDNS DR</b> CITY-ST-ZIP: <b>N MIAMI BCH FL</b>	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>SD Weiner, Meency B.</b> STREET ADDRESS: <b>1250 NE Miami Grdns Dr.</b> CITY-ST-ZIP: <b>N. Miami Bch, Fl. 33179</b>
TITLE: <input type="checkbox"/> Delete NAME: <b>DP MELTZER, EVELYN</b> STREET ADDRESS: <b>1250 NE MIAMI GRONS DR</b> CITY-ST-ZIP: <b>N MIAMI BCH FL</b>	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>VPD Zuekerman, David</b> STREET ADDRESS: <b>1250 NE Miami Grdns Dr.</b> CITY-ST-ZIP: <b>N. Miami Bch, Fl. 33179</b>
TITLE: <input type="checkbox"/> Delete NAME: <b>VPD WULKAN, JACK</b> STREET ADDRESS: <b>1250 NE MIAMI GRDNS DR</b> CITY-ST-ZIP: <b>N MIAMI BCH FL</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: <b>T BENSON, NAOMI</b> STREET ADDRESS: <b>1250 NE MIAMI GRDNS DR</b> CITY-ST-ZIP: <b>N MIAMI BCH FL</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
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TITLE: <input type="checkbox"/> Delete 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: *Meency B. Weiner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/000* (305)947-1418  
 Date Daytime Phone #

CR2E037 (9/99)