

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90039 034 \*\*\*\*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 33179-1704**

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

**59-1673299**

Applied For

Not Applicable

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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WEINER, MCERCY B</b> <b>1250 NE MIAMI GRDNS DR</b> <b>N. MIAMI BEACH FL 33179</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>MELTZER, EVELYN</b> <b>1250 NE MIAMI GRONS DR</b> <b>N MIAMI BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>WULKAN, JACK</b> <b>1250 NE MIAMI GRDNS DR</b> <b>N MIAMI BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BENSON, NAOMI</b> <b>1250 NE MIAMI GRDNS DR</b> <b>N MIAMI BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ZUCKERMAN, DAVID</b> <b>1250 NE MIAMI GRDNS DR</b> <b>N. MIAMI BCH FL 33179</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Michael Danziger</b> <b>1250 NE Miami Gardens Drive</b> <b>Miami, FL 33179</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Evelyn Meltzer</b> <b>1250 NE Miami Gardens Drive</b> <b>Miami, FL 33179</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Sandra Buch</b> <b>1250 NE Miami Gardens Drive</b> <b>Miami, FL 33179</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Adrienne Holin-Foster</b> <b>1250 NE Miami Gardens Drive</b> <b>Miami, FL 33179</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Zuckerman, David</b> <b>1250 NE Miami Gardens Drive</b> <b>Miami, FL 33179</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Richard Frank</b> <b>1250 NE Miami Gardens Drive</b> <b>Miami, FL 33179</b>	<input type="checkbox"/> Change <input checked="" 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 information.

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/01**

**305-947-1418**  
 Daytime Phone #

CR2E037 (10/00)