

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747829

1. Entity Name

MARGATE ASSOCIATION OF CONDOMINIUMS, INC.

Principal Place of Business

Mailing Address

C/O JOSEPH GOLDSTEIN
7620 N.W. 18TH ST.
MARGATE FL 33063

C/O JOSEPH GOLDSTEIN
7620 N.W. 18TH ST.
MARGATE FL 33063-3102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSKOWITZ, HYMAN
7805 NW 5TH ST, APT 101
MARGATE FL 33063

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	P	☐ Delete
NAME	MOSKOWITZ, HYMAN	
STREET ADDRESS	7805 N.W. 5TH ST., #101	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	V	☐ Delete
NAME	RIEGER, NORMAN	
STREET ADDRESS	3050 HOLIDAY SPRINGS BLVD.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	V	☐ Delete
NAME	PUMILIA, FRANK	
STREET ADDRESS	3200 HOLIDAY SPRINGS BLVD.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	T	☐ Delete
NAME	GOLDSTEIN, JOSEPH	
STREET ADDRESS	7620 N.W. 18TH ST., #205	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	☐ Delete
NAME	BRISKMAN, MAX	
STREET ADDRESS	7640 NW 1ST ST	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	☐ Delete
NAME	LIPSTADT, ABE	
STREET ADDRESS	3161 HOLIDAY SPRINGS BLVD.	
CITY-ST-ZIP	MARGATE FL 33063	

TITLE	S	☐ Change ☒ Addition
NAME	BLANKEN, MORRIS	
STREET ADDRESS	6114 CORAL LAKE DR.	
CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	D	☐ Change ☒ Addition
NAME	LICHTENSTEIN, MORRIS	
STREET ADDRESS	7605 N.W. 4 PL	
CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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.

JOSEPH GOLDSTEIN

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00

Date

(954) 973-9176

Daytime Phone #

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90052 004 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2245835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required