2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
03-22-2002 90062 002 ****61.25

DOCUMENT # 747829

1. Entity Name

MARGATE ASSOCIATION OF CONDOMINIUMS, INC.

23391

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
C/O BURT WEINERMAN	C/O BURTON WEINERMAN
Suite, Apt. #, etc. 7955 NW 5 CT	Suite, Apt. #, etc. 7955 NW 5 CT
City & State MARGATE FL	City & State MARGATE FL
Zip 33063 Country USA	Zip 33063 Country USA

4. FEI Number 59-2245835 ☐ 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
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: Burton Weinerman BURTON WEINERMAN, TREASURER 3/6/02
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	P MOSKOWITZ, HYMAN 7805 N.W. 5TH ST., #101 MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PBT BURTON WEINERMAN 7955 NW 5 CT #103 MARGATE FL 33063
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RIEGER, NORMAN 3050 HOLIDAY SPRINGS BLVD. MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDS MORRIS BLANKEN 6114 CORAL LAKE DR MARGATE FL 33063
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PUMILIA, FRANK 3200 HOLIDAY SPRINGS BLVD. MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS LICHTENSTEIN 7605 NW 4 PL MARGATE FL 33063
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOLDSTEIN, JOSEPH 7620 N.W. 18TH ST., #205 MARGATE FL 33063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD DWORKIN 7300 LAKE CIRCLE DR MARGATE FL 33063
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRISKMAN, MAX 7640 NW 1ST ST MARGATE FL 33063	DO NOT DELETE ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIPSTADT, ABE 3161 HOLIDAY SPRINGS BLVD. MARGATE FL 33063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Burton Weinerman BURTON WEINERMAN, 3/6/02 (954) 974-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #