

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90003 050 ****61.25

DOCUMENT # 754987

1. Entity Name

TIFFANY OF BAL HARBOUR CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

10175 COLLINS AVENUE
 BAL HARBOUR FL 33154-1636

10175 COLLINS AVENUE
 BAL HARBOUR FL 33154-1636

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2279576

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DENNEN, CYRON
10175 COLLINS AVE
BAL HARBOUR FL 33154

7. Name and Address of New Registered Agent

Name **HOWARD SILVERMAN**
 Street Address (P.O. Box Number is Not Acceptable)
10175 COLLINS AVE
 City **BAL HARBOUR** FL **33154**

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 *Howard Silverman* **HOWARD SILVERMAN PRES. 4/27/01**
Signature of the 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

| | | |
|----------------|---------------------------|--|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | SILVERMAN, HOWARD | |
| STREET ADDRESS | 10175 COLLINS AVENUE | |
| CITY-ST-ZIP | BAL HARBOUR FL 33154 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CYRON, DENNEN | |
| STREET ADDRESS | 10175 COLLINS AVENUE | |
| CITY-ST-ZIP | BAL HARBOR FL 33154 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ZEITLIN, SIDNEY | |
| STREET ADDRESS | 10175 COLLINS AVENUE | |
| CITY-ST-ZIP | BAL HARBOUR FL 33154-1636 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | FISHER, MELVIN | |
| STREET ADDRESS | 10175 COLLINS AVENUE | |
| CITY-ST-ZIP | BAL HARBOUR FL | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | HASS, HY | |
| STREET ADDRESS | 10175 COLINS AVE | |
| CITY-ST-ZIP | BAL HARBOR FL 33154 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CORNELISSEN, MAURICE | |
| STREET ADDRESS | 10175 COLLINS AVE | |
| CITY-ST-ZIP | MIAMI FL 33154 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILVERMAN, HOWARD | |
| STREET ADDRESS | 10175 COLLINS AVE | |
| CITY-ST-ZIP | BAL HARBOUR, FL 33154 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DENNEN, CYRON | |
| STREET ADDRESS | 10175 COLLINS AVE | |
| CITY-ST-ZIP | BAL HARBOUR FL 33154 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SILVERMAN, PEARL | |
| STREET ADDRESS | 10175 COLLINS AVE | |
| CITY-ST-ZIP | BAL HARBOUR, FL 33154 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARCANTONIO Phillip | |
| STREET ADDRESS | 10175 COLLINS AVE | |
| CITY-ST-ZIP | BAL HARBOUR FL 33154 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LEE, NATHAN | |
| STREET ADDRESS | 10175 COLLINS AVE | |
| CITY-ST-ZIP | BAL HARBOUR, FL 33154 | |
| TITLE | SEC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORNELISSEN MAURICE | |
| STREET ADDRESS | 10175 COLLINS AVE | |
| CITY-ST-ZIP | BAL HARBOUR, FL 33154 | |

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: *Howard Silverman* **HOWARD SILVERMAN PRESIDENT 4/27/01 (305) 861-7834**
Date Daytime Phone #

CR2E037 (10/00)