

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758049

1. Entity Name

MEDITERRANEA HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90031 036 \*\*\*\*61.25

Principal Place of Business 355 IVES DAIRY ROAD MIAMI FL 33179-3331	Mailing Address 355 IVES DAIRY ROAD MIAMI FL 33179-3331
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2144897		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. EMERALD LAKE CORPORATE OFFICE 3111 STIRLING ROAD FT LAUDERDALE FL 33310				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKS, WILLIAM		NAME	Zimmerman Bernard	
STREET ADDRESS	331-5 IVES DAIRY RD		STREET ADDRESS	347-08 Ives Dairy Rd.	
CITY-ST-ZIP	MIAMI FL 33179		CITY-ST-ZIP	Miami, FL 33179	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, DALE		NAME	IPPOLITO, Charles	
STREET ADDRESS	335-03 IVES DAIRY RD		STREET ADDRESS	339-01 Ives Dairy Rd.	
CITY-ST-ZIP	MIAMI FL 33179		CITY-ST-ZIP	Miami, FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVIN, RAMON		NAME	SALTZMAN, YUSTY	
STREET ADDRESS	337-01 IVES DAIRY RD		STREET ADDRESS	337-04 Ives Dairy Rd.	
CITY-ST-ZIP	MIAMI FL 33179		CITY-ST-ZIP	Miami, FL 33179	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, PETER		NAME		
STREET ADDRESS	331-10 IVES DAIRY RD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNA, JIM A		NAME		
STREET ADDRESS	323-7 IVES DAIRY RD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, DORRIS		NAME		
STREET ADDRESS	335-2 IVES DAIRY RD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179		CITY-ST-ZIP		

CR2E037 (9/99)

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: William J. Marks (WILLIAM J. MARKS) 2-23-00 305-770-1602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #