

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90032 013 ****61.25

DOCUMENT # 762733

1. Entity Name

KEYSTONE MANOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**2225 NE 123RD STREET (BROAD CAUSEWAY)
NORTH MIAMI FL 33181**

Mailing Address

**2225 NE 123 ST
NORTH MIAMI FL 33181**

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

59-2183439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHWARTZ, DAREN A
2401 NE 199 ST
MIAMI FL 33180**

7. Name and Address of New Registered Agent

Name **Schwartz, Daren A.**

Street Address (P.O. Box Number is Not Acceptable)

12780 Maple Rd.

City **North Miami**

FL

Zip Code **33181**

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

TITLE **PD** ☐ Delete
NAME **SUGAR, EDMOND L**
STREET ADDRESS **5741 SHERIDAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **D** ☒ Delete
NAME **KATZ, T T**
STREET ADDRESS **5741 SHERIDAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **VSD** ☒ Delete
NAME **BERMAN, DANA**
STREET ADDRESS **7000 SW 105 ST**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **TD** ☐ Delete
NAME **SCHWARTZ, DAREN**
STREET ADDRESS **2401 NE 199 ST**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VSD Sukoff, Ira**
STREET ADDRESS **3250 Mary St. # 308**
CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE ☐ Change ☒ Addition
NAME **TD Schwartz, Daren**
STREET ADDRESS **12780 Maple Rd.**
CITY-ST-ZIP **North Miami, FL 33181**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daren Schwartz 1/20/01 (305) 785-4307

CR2E037 (10/00)