

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763229

1. Entity Name

NORTHRIDGE PROFESSIONAL CONDOMINIUM ASSOCIATION,

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90053 043 ****61.25

Principal Place of Business

5333 N. DIXIE HIGHWAY
FT LAUDERDALE FL 33308

Mailing Address

2100 E. COMMERCIAL BLVD.
C/O THODOR LEHRER
FT. LAUDERDALE FL 33308

901757



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2193059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THEODOR LEHRER, M.D.
2100 E. COMMERCIAL BLVD.
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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

01-10-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
LEHRER, THEODOR
2100E COMMERCIAL BLVD
FT LAUDERDALE, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MD
TASLIMI, KAMAL
5333 N DIXIE HWY
OAKLAND PARK, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
COOPERSMITH, EDWARD
5333 N. DIXIE HIGHWAY
OAKLAND PARK FL

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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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:

STEFANOWSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-10-01 954/772-0933

CR2E037 (10/00)