

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90150 027 ***150.00

DOCUMENT # 844077

1. Entry Name

HMG/COURTLAND PROPERTIES, INC.

Principal Place of Business

Mailing Address

2701 S BAYSHORE DRIVE #PH
 COCONUT GROVE FL 33133

2701 S BAYSHORE DRIVE #PH
 COCONUT GROVE FL 33133-5309

2. Principal Place of Business

3. Mailing Address

1870 SOUTH BAYSHORE DRIVE
 COCONUT GROVE, FL 33133-5309
 Us

1870 SOUTH BAYSHORE DRIVE
 COCONUT GROVE, FL 33133-5309
 Us



DO NOT WRITE IN THIS SPACE

FEI Number **59-1914299** Applied For
 Not Applicable

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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

Name

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

City

FL

Zip Code

8. The above named entry 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)

LAWRENCE ROTHSTEIN

4/14/00
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, JOHN B.	
STREET ADDRESS	2 LITTLE BAY HARBOUR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WIENER, MAURICE	
STREET ADDRESS	2701 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	ROTHSTEIN, LAWRENCE	
STREET ADDRESS	2701 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	AS	<input type="checkbox"/> Delete
NAME	STUNTEBECK, CLINTON A.	
STREET ADDRESS	371 ROSE GLEN DR	
CITY-ST-ZIP	RADNOR PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARADER, WALTER G	
STREET ADDRESS	2 EAST AVENUE	
CITY-ST-ZIP	LARCHMONT, NY 0	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	CAMMAROTTI, CARLOS	
STREET ADDRESS	2701 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL 33133	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COMITA, HARVEY	
STREET ADDRESS	740 GOLFVIEW ROAD	
CITY-ST-ZIP	MOORESTOWN, NJ_08057	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, MAURICE	
STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHSTEIN, LAWRENCE I.	
STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUNTEBECK, CLINTON A.	
STREET ADDRESS	1600 MARKET STREET, SUITE 3600	
CITY-ST-ZIP	PHILADELPHIA, PA 19103	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARADER, WALTER G.	
STREET ADDRESS	600 HUSTON ROAD	
CITY-ST-ZIP	RADNOR, PA 19087-4423	
TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMAROTTI, CARLOS	
STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes; 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

CARLOS CAMAROTTI

4/14/00
 Date

(305) 854-6803
 Daytime Phone #