

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03067

1. Entity Name

TURNPIKE COMMERCIAL PLAZA, PHASE II, CONDOMINIUM

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90141 034 \*\*\*\*61.25

Principal Place of Business      Mailing Address

% WAYNE HORWITZ, CPA      % WAYNE HORWITZ, CPA  
3511 W. COMMERCIAL BLVD., SUITE 402      3511 W. COMMERCIAL BLVD., SUITE 402  
FORT LAUDERDALE FL 33309      FORT LAUDERDALE FL 33309

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2515088

Applied For

Not Applicable

5. 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

HORWITZ, WAYNE CPA  
3511 W. COMMERCIAL BLVD.  
SUITE #402  
FORT LAUDERDALE FL 33309

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE      PD      ☐ Delete  
NAME      LOBIONDO, SAL  
STREET ADDRESS      1791 BLOUNT RD. #704  
CITY-ST-ZIP      POMPANO BEACH FL

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

TITLE      TD      ☐ Delete  
NAME      GOLDSTEIN, CATHY  
STREET ADDRESS      1791 BLOUNT RD #720  
CITY-ST-ZIP      POMPANO BEACH FL

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

TITLE      VD      ☐ Delete  
NAME      MUCCIACCIARO, DOMINIC  
STREET ADDRESS      1791 BLOUNT ROAD #  
CITY-ST-ZIP      POMPANO BEACH FL

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

TITLE      D      ☐ Delete  
NAME      ARBANAS, TONY  
STREET ADDRESS      1791 BLOUNT ROAD #1002  
CITY-ST-ZIP      POMPANO BEACH FL

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

TITLE      SD      ☐ Delete  
NAME      SALVO, PAUL  
STREET ADDRESS      1791 BLOUNT ROAD #914  
CITY-ST-ZIP      POMPANO BEACH FL

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

TITLE      ☐ Delete  
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]*

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 854-979-2284