

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10637

1. Entity Name

BELFORT CONDOMINIUM E ASSOCIATION, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90048 038 ****61.25

Principal Place of Business

P O BOX 189013
 PO BOX 189013
 PLANTATION FL 33318
 US

Mailing Address

C/O CASTLE GROUP
 P O BOX 189013
 PLANTATION FL 33318-9013
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2569310

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GREENBERG, MILTON C.
9879 N. BELFORT CIRCLE
TAMARAC FL 33321

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	<input type="checkbox"/> Delete
NAME	GREENBERG, MILTON	
STREET ADDRESS	9879 N. BELFORT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRANZ, RUTH	
STREET ADDRESS	9905 N. BELFORT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSS, ANITA	
STREET ADDRESS	9873 N BELFORT CIR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEVINE, ICEY	
STREET ADDRESS	9881 N BELFORT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SILVERSTEIN, HARRY	
STREET ADDRESS	9887 N. BELFORT CIR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Milton Greenberg, President 2/26/00 954-792-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12E037 (9/99)