

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90038 042 ****61.25

DOCUMENT # N14289

1. Entity Name ✓

BISCAYNE POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O THEODORE BERMAN 7970 BISCAYNE POINT CIR. MIAMI BEACH FL 33141 US	C/O THEODORE BERMAN 7970 BISCAYNE POINT CIR. MIAMI BEACH FL 33141 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1101 S. Biscayne Pt. Rd. Suite, Apt. #, etc.	3. Mailing Address 1101 S. Biscayne Point Rd. Suite, Apt. #, etc.
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City & State Miami Beach, FL	City & State Miami Beach, FL	4. FEI Number 65-0017693	Applied For <input type="checkbox"/> Not Applicable
Zip 33141	Country USA	Zip 33141	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BERMAN, THEODORE
7970 BISCAYNE POINT CIR.
MIAMI BEACH FL 33141

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P BERMAN, THEODORE 7970 BISCAYNE POINT CIR. MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAGRISSE, JULIO 1600 CLEVELAND ROAD MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDS LEVY, LUCERO 1855 CLEVELAND ROAD MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDS MATOS-RAIA, CARMEN 1355 DAYTONIA ROAD MIAMI BEACH FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT HALPRYN, HARRIET 7935 BISCAYNE POINT CIR. MIAMI BEACH FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT REICH, RANDOLPH 1580 CLEVELAND ROAD MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Theodore Berman* **7/28/2000 (305) 375-2901**

CR2E037 (5/00)