

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-24-2000 90048 034 ****61.25

DOCUMENT # N18199

1. Entity Name

BELFORT CONDOMINIUM Q ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 189013
 PLANTATION FL 33318
 US

~~C/O COMMITT PROP MGMT~~
 PO BOX 189013
 PLANTATION FL 33318-9013
 US

2. Principal Place of Business

3. Mailing Address

C/O Castle Mgmt Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 189013

City & State

Plantation, FL

Zip

Country

33318

Country

4. FEI Number

59-2722350

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOX, GEORGE
9491 N BELFORT CIR
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: **VD** Delete
 NAME: **LIEBMAN, PHYLLIS**
 STREET ADDRESS: **9455 N. BELFORT CIRCLE**
 CITY-ST-ZIP: **TAMARAC FL**

TITLE: **VD** Change Addition
 NAME: *Simon, Annette*
 STREET ADDRESS: *9461 N. Belfort Cr.*
 CITY-ST-ZIP: *TAMARAC FL*

TITLE: **VD** Delete
 NAME: **SOCHOLITZKY, JACK**
 STREET ADDRESS: **9481 N. BELFORT CIR.**
 CITY-ST-ZIP: **TAMARAC FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **PD** Delete
 NAME: **FOX, GEORGE**
 STREET ADDRESS: **9491 N. BELFORT CIR.**
 CITY-ST-ZIP: **TAMARAC FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **SD** Delete
 NAME: **RODELS, MIRIAM**
 STREET ADDRESS: **9435 N BELFORT CIR**
 CITY-ST-ZIP: **TAMARAC FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **TD** Delete
 NAME: **DORFMAN, ELLIE**
 STREET ADDRESS: **9459 N BELFORT CIR**
 CITY-ST-ZIP: **TAMARAC 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 REQUIRED *George Fox, President* 1/20/00 954-792-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)