

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

0030488

DOCUMENT # N18199

1. Entity Name

BELFORT CONDOMINIUM Q ASSOCIATION, INC.

02-26-2002 90070 001 ****61.25

Principal Place of Business

Mailing Address

P O BOX 189013
 PLANTATION FL 33318
 US

C/O CASTLE MGNT IN
 PO BOX 189013
 PLANTATION FL 33318
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2722350

Applied For

Not Applicable

Zip

Country

Zip

Country

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 _____ (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 **SIMON, ANNETTE**
 STREET ADDRESS **9461 N BELFORT CR**
 CITY-ST-ZIP **TAMARAC FL**

TITLE **SD** Change Addition
 NAME **Silverman, Bernice**
 STREET ADDRESS **9489 N. Belfort Cr.**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VD** Delete
 NAME **SOCHOLITZKY, JACK**
 STREET ADDRESS **9489 N BELFORT CIRCLE**
 CITY-ST-ZIP **TAMARAC FL**

TITLE **VD** Change Addition
 NAME **Shapiro, Howard**
 STREET ADDRESS **9433 N. Belfort Cr.**
 CITY-ST-ZIP **TAMARAC FL 33321**

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 **VD** 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

1-19-02

776-5593

CR2E037 (9/01)