

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90170 047 ****61.25

DOCUMENT # N18199



1. Entity Name
BELFORT CONDOMINIUM Q ASSOCIATION, INC.

Principal Place of Business
**P O BOX 189013
PLANTATION FL 33318
US**

Mailing Address
**C/O CASTLE MGMT IN
PO BOX 189013
PLANTATION FL 33318
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2722350** 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	
FOX, GEORGE 9491 N BELFORT CIR TAMARAC FL 33321		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		FL	

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD	<input checked="" type="checkbox"/> Delete	TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SILVERMAN, BERNICE		NAME SOC HOLITSKY, JACOB	
STREET ADDRESS 9489 N. BELFORT CR.		STREET ADDRESS 9481 N. Belfort Circle	
CITY-ST-ZIP TAMARAC FL 33321		CITY-ST-ZIP TAMARAC FL 33321	
TITLE VD	<input checked="" type="checkbox"/> Delete	TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHAPIRO, HOWARD		NAME SHORE, TERRY	
STREET ADDRESS 9433 N. BELFORT CR.		STREET ADDRESS 9499 N. Belfort Circle	
CITY-ST-ZIP TAMARAC FL 33321		CITY-ST-ZIP TAMARAC, FL 33321	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOX, GEORGE		NAME	
STREET ADDRESS 9491 N. BELFORT CIR.		STREET ADDRESS	
CITY-ST-ZIP TAMARAC FL		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODELS, MIRIAM		NAME	
STREET ADDRESS 9435 N BELFORT CIR		STREET ADDRESS	
CITY-ST-ZIP TAMARAC FL		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DORFMAN, ELUE		NAME	
STREET ADDRESS 9459 N BELFORT CIR		STREET ADDRESS	
CITY-ST-ZIP TAMARAC FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *George Fox* SIGNATURE REQUIRED: *George Fox, President 1/17/03 (954) 792-6000*

CR2E037 (10/02)