

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2000 90066 018 ****61.25

DOCUMENT # N23078

1. Entity Name

HELEN MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2421 LAKE PANCOAST DRIVE
 OFFICE SUITE
 MIAMI BEACH FL 33140

2421 LAKE PANCOAST DRIVE
 OFFICE SUITE
 MIAMI BEACH FL 33140-4804

2. Principal Place of Business

3. Mailing Address

2421 Lake Pancoast Dr.

Suite, Apt. #, etc.

Office suite

Miami Beach, FL 33140

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-2988133

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

LIEBER, KEN
 2421 LAKE PAN COAST DR, PENTHOUSE
 MIAMI BEACH FL 33140

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]*

(NOTE: Registered Agent signature required when reinstating)

4/24/2000
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARKSON, DANIEL 2421 LAKE PANCOAST DR. #4C,3C MIAMI BEACH FL 33140 <i>Same</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LONG, BARRY 2421 LAKE PANCOAST DR. #6C,6E MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ND BROCK, JOSEPH 2421 LAKE PANCOAST DR. MIAMI BEACH FL 33140 <i>Same</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, TAMY 2445 LAKE PANCOAST DR MIAMI BEACH FL 33140 <i>Same</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COMEFORD, MICHELLE 8209 NW 201 TERR HIALEAH FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBER, KEN 2421 LAKE PANCOAST DR MIAMI BEACH FL 33140 <i>Same</i>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director SUSAN ROSLER 2421 Lake Pancoast Drive BEK MIAMI Beach, FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000 *305-854-238*
 Date Daytime Phone #

CR2E037 (9/99)