

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90020 042 \*\*\*\*61.25

**DOCUMENT # N25463**

1. Entity Name

**CAMBRIDGE AT CENTURY VILLAGE CONDOMINIUM #11 ASS**

Principal Place of Business

**12229 PEMBROKE ROAD  
PEMBROKE PINES FL 33025  
US**

Mailing Address

**12229 PEMBROKE ROAD  
PEMBROKE PINES FL 33025-1725  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0047363**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**% ARISTA MGMT. GROUP SOUTH INC.  
12229 PEMBROKE ROAD  
PEMBROKE PINES FL 33025**

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

*Charles W. Davis, Reg. Agt.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/11/2000**

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FRIEDMAN, HELEN</b>	
STREET ADDRESS	<b>1200 SW 125TH AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33027</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GILBERT, EDWARD I.</b>	
STREET ADDRESS	<b>1251 SW 125TH AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33027</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROSENTHAL, IRVING</b>	
STREET ADDRESS	<b>1000 SW 125TH AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33027</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>SHANKEN, ROZ</b>	
STREET ADDRESS	<b>1110 SW 125TH AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33027</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PURETZ, JOEL</b>	
STREET ADDRESS	<b>1200 SW 124TH TERRACE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33027</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D/VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GERBER, ALFRED</b>	
STREET ADDRESS	<b>1000 SW 125 AVENUE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33027</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROY SOLOMON</b>	
STREET ADDRESS	<b>1200 SW 125 AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33027</b>	
TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PURETZ, JOEL</b>	
STREET ADDRESS	<b>1200 SW 124 TERRACE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33027</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAM LEWIS</b>	
STREET ADDRESS	<b>1300 SW 124 TERRACE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33027</b>	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/2000 (954) 436-5888**

Date

Daytime Phone #