

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90009 040 \*\*\*\*61.25

**DOCUMENT # N27747**

1. Entity Name

**CLAIRMONT CONDOMINIUM J ASSOCIATION, INC.**

**B0020161**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
C/O GOLDMAN & JUDA. P.A. 7771 W. OAKLAND PARK BLVD.. #201 FT. LAUDERDALE FL 33351		C/O GOLDMAN & JUDA. P.A. 7771 W. OAKLAND PARK BLVD.. #201 FT. LAUDERDALE FL 33351-6796	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0071840	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PINKLER JOSEPH**  
**10687 W CLAIRMONT CIR**  
**TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name  
**GALE ROSENTHAL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10669 W CLAIRMONT CIR**  
 City  
**TAMARAC** FL Zip Code  
**33321**

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 *Gale Rosenthal* **GALE ROSENTHAL** DATE *2/5/00*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEES IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GLASSER, HAROLD	
STREET ADDRESS	10693 W. CLAIRMONT CIR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WURTZEL, SAM	
STREET ADDRESS	10691 W. CLAIRMONT CIR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, MARTIN	
STREET ADDRESS	10677 W CLAIRMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FINKLER, JOSEPH	
STREET ADDRESS	10687 W CLAIRMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOCH, IRA	
STREET ADDRESS	10701 W CLAIRMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL 33321	
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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALE ROSENTHAL	
STREET ADDRESS	10669 W CLAIRMONT CIR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD BABITZ	
STREET ADDRESS	10695 W CLAIRMONT CIR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCH, IRA	
STREET ADDRESS	10701 W. CLAIRMONT CLE	
CITY-ST-ZIP	TAMARAC, FL, 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Harold Glasser* **HAROLD GLASSER** DATE *2/5/00* (954) 720-8742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)