

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30231

1. Entity Name

FAIRFAX CONDOMINIUM A ASSOCIATION, INC.

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

03-03-2000 90196 019 ****61.25

Principal Place of Business Mailing Address
4373 ROCK ISLAND RD. 4373 ROCK ISLAND RD.
LAUDERHILL FL 33319 LAUDERHILL FL 33319-4520
US US

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 65-0092307 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NEMEROFF DORIS
4373 ROCK ISLAND RD.
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent
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 *Doris Nemeroff* DATE 3/31/00
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP
VD HIRSCHFELD, ROBERT 7255 FAIRFAX DR. TAMARAC FL
VD KOSSIN, BILL 7217 FAIRFAX DR. TAMARAC FL
PD RANDAZZO, RANDY 7219 FAIRFAX DR. TAMARAC FL
TD ~~HELLER, SID~~ 7227 FAIRFAX DR. TAMARAC FL
SD NEMEROFF, DORIS 7209 FAIRFAX DR. TAMARAC FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
TD SIMON, TED 7233 FAIRFAX DR. TAMARAC, FL 33321
Change Addition
Change 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 line empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3-31-00 Daytime Phone #

CR2E037 (9/99)