

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90102 045 \*\*\*\*61.25

**A0027956**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N40414**

1. Entity Name

**1000 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

Mailing Address

1000 ISLAND BLVD  
 NORTH MIAMI BCH FL 33160

1000 ISLAND BLVD  
 NORTH MIAMI BCH FL 33160-3160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0225762**

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

**MARSHALL, KEITH M ESQ.**  
**18305 BISCAYNE BLVD**  
**NATIONSBANK BLDG #300**  
**AVENTURA FL 33160**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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	D	<input type="checkbox"/> Delete
NAME	BARR, ARTHUR	
STREET ADDRESS	1000 ISLAND BLVD #3206	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAPNER, WENDY	
STREET ADDRESS	1000 ISLAND BLVD #1806	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KATZ, HYMAN	
STREET ADDRESS	1000 ISLAND BLVD., #403	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BURTON, RICHARD	
STREET ADDRESS	1000 ISLAND BLVD SUITE 1109	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEUTSCH, MORT	
STREET ADDRESS	1000 ISLAND BLVD #2003	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SHAPLEY, HARVEY	
STREET ADDRESS	1000 ISLAND BLVD #3106	
CITY-ST-ZIP	N MIAMI BCH. FL	

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nuremberg, Bob	
STREET ADDRESS	1000 Island Boulevard #712	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
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	Vice-President	<input checked="" 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:

*Mort Deutsch*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/6/00* 305.936-8001  
 Date Daytime Phone #

CR2E037 (9/99)