

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90007 003 ****61.25

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**

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

Zip

Country

Zip

Country

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
 NATIONS BANK 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

Keith Marshall Esq.

1/24/01

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

(NOTE: Registered Agent signature required when reinstating)

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	T	<input type="checkbox"/> Delete
NAME	BARR, ARTHUR	
STREET ADDRESS	1000 ISLAND BLVD #3206	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUREMBERG, BOB	
STREET ADDRESS	1000 ISLAND BLVD #712	
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	VP	<input type="checkbox"/> Delete
NAME	SHAPLEY, HARVEY	
STREET ADDRESS	1000 ISLAND BLVD #3106	
CITY-ST-ZIP	N MIAMI BCH. FL	

TITLE	VICE - PRESIDENT (V)	<input checked="" 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	DIRECTOR (D)	<input checked="" 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	TREASURER (T)	<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:

Morton M. Deutsch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01

305-936-8001

Date

Daytime Phone #

CR2E037 (10/00)