

2000 UNIFORM BUSINESS REPORT (UBR)

3

DOCUMENT # N40552

1. Entity Name

OCEANSIDE AT FISHER ISLAND CONDOMINIUM NO. THREE

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-03-2000 90264 011 ****61.25

Principal Place of Business C/O ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	Mailing Address C/O ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number APPLIED FOR	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

NORKIN, MURRAY
7851 FISHER ISLAND DR.
FISHER ISLAND FL 33109

7. Name and Address of New Registered Agent

Name **ALFRED ESTRADA**
Street Address (P.O. Box Number is Not Acceptable)
7852 FISHER ISLAND DRIVE
City **FISHER ISLAND** FL Zip Code **33109**

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

TITLE PD	NAME NORKIN, MURRAY	STREET ADDRESS 7851 FISHER ISLAND DR.	CITY-ST-ZIP FISHER ISLAND FL	<input checked="" type="checkbox"/> Delete
TITLE TD	NAME ESTRADA, ALFRED	STREET ADDRESS 7852 FISHER ISLAND DR.	CITY-ST-ZIP FISHER ISLAND FL	<input type="checkbox"/> Delete
TITLE SD	NAME NORKIN, MURRAY	STREET ADDRESS 7851 FISHER ISLAND DR.	CITY-ST-ZIP FISHER ISLAND FL 33109	<input checked="" type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	NAME ESTRADA, ALFRED	STREET ADDRESS 7852 FISHER ISLAND DRIVE	CITY-ST-ZIP FISHER ISLAND, FL 33109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME ARON, LOUIS	STREET ADDRESS 7821 FISHER ISLAND DRIVE	CITY-ST-ZIP FISHER ISLAND, FL 33109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: SIGNATURE RECORDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1140552

D0032273

Check Number
Date
Tax Period
Type of Tax

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

EIN 65-0228678 262509

OCEANSIDE AT FISHER ISLAND- Condo #3
% KENNETH L BROWN TREAS & DIRECTOR
ONE FISHER ISLAND DR
MIAMI FL 33109-0001

PS USE ONLY

<input type="checkbox"/> 941	<input type="checkbox"/> 945	<input type="checkbox"/> 1st Quarter
<input type="checkbox"/> 990-C	<input type="checkbox"/> 1120	<input type="checkbox"/> 2nd Quarter
<input type="checkbox"/> 943	<input type="checkbox"/> 990-T	<input type="checkbox"/> 3rd Quarter
<input type="checkbox"/> 720	<input type="checkbox"/> 990-PF	<input type="checkbox"/> 4th Quarter
<input type="checkbox"/> CT-1	<input type="checkbox"/> 1042	
<input type="checkbox"/> 940		

62

18 3 Telephone number ()

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 10-96)