

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/24/00-90068-029-\$61.25-\$61.25

**DOCUMENT # N94000003132**

1. Entity Name

**NORTH TOWER AT THE POINT CONDOMINIUM ASSOCIATION**

**FILED**

**00 APR -3 PM 1:31**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

21205 YACHT CLUB DR  
SUITE 103  
AVENTURA FL 33180

C/O GLEN MANAGEMENT SERVICES  
4301 OAK CIRCLE #23  
BOCA RATON FL 33431-4258

2. Principal Place of Business

**21205 YACHT CLUB DR**

3. Mailing Address

**21205 YACHT CLUB DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**WGT. OFFICE**

**WGT. OFFICE**

City & State

City & State

**AVENTURA FL**

**AVENTURA FL**

Zip

Country

Zip

Country

**33180**

**MIAMI - DADE**

**33180**

**MIAMI - DADE**

4. FEI Number

**65-0665268**

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

**GLEN, ANDREW C  
C/O GELN MANAGEMENT SERVICES  
4301 OAK CIRCLE STE 23  
BOCA RATON FL 33431**

Name

**JOE VAZQUEZ**

Street Address (P.O. Box Number is Not Acceptable)

**21205 YACHT CLUB DR #1905**

City

**AVENTURA**

FL

Zip Code

**33180**

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.

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	EPSTEIN, MORTON A	
STREET ADDRESS	21205 YACHT CLUB DR, #1402	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VPST	<input checked="" type="checkbox"/> Delete
NAME	BLANK, FREDRIC	
STREET ADDRESS	21205 NE 37 AVE APT 1704	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAQVEZ, JOE	
STREET ADDRESS	21205 NE 37 AVE APT 1905	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT VAZQUEZ, JOE	
STREET ADDRESS	21205 YACHT CLUB DR. # 1905	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V. President GRENSTEIN, HARRY	
STREET ADDRESS	21205 YACHT CLUB DR. # 1601	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER BLANK, FREDRIC	
STREET ADDRESS	21205 YACHT CLUB DR # 1704	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY POSNER, GARY	
STREET ADDRESS	21205 YACHT CLUB DR # 906	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR ZIMMERMAN, LINDA	
STREET ADDRESS	21205 YACHT CLUB DR # 903	
CITY-ST-ZIP	AVENTURA, FL 33180	
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:

**SIGNATURE: Fredric Blank**

**2/9/00**

**305 935 5560**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)