

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000002639**

1. Entity Name

SUFFOLK AT CENTURY VILLAGE CONDOMINIUM #11 ASSOC**FILED****Feb 13, 2001 8:00 am**
Secretary of State

02-13-2001 90081 025 ****61.25

Principal Place of Business

Mailing Address

15951 SW 41 ST
SUITE 150
DAVIE FL 33331
US15951 SW 41 ST
SUITE 150
DAVIE FL 33331
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

65-0558855

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

Name

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

City

FL

Zip Code

SCHNITZER, STEVE
15951 SW 41 STREET
SUITE 150
FORT LAUDERDALE FL 33331

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
FREID, GEORGE
1301 S.W. 142ND AVENUE H-314
PEMBROKE PINES FL 33027 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
COHN, PHILLIP
1001 SW 141 AVE K-303
PEMBROKE PINES FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KIRBY, RAYMOND
900 SW 142 AVE L-103
PEMBROKE PINES FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEINBERG, CARL
901 S.W. 141 AVENUE
PEMBROKE PINES FL 33027 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MORVET, ED
800 S.W. 142ND AVENUE
PEMBROKE PINES FL 33027 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DAVID KAPLAN
800 SW 142 AV.
Pembroke Pines, FL - 33027 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KIRSCHNER, HOWARD
1351 S.W. 141ST AVENUE
PEMBROKE PINES FL 33027 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)