

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90074 019 ****61.25

DOCUMENT # N96000004859

1. Entity Name

FASHION SQUARE OWNERS ASSOCIATION, INC.

Principal Place of Business

2701 SOUTH BAYSHORE DRIVE
 PENTHOUSE
 COCONUT GROVE FL 33133

Mailing Address

2701 SOUTH BAYSHORE DRIVE
 PENTHOUSE
 COCONUT GROVE FL 33133-5309

2. Principal Place of Business

1870 SOUTH BAYSHORE DRIVE
 COCONUT GROVE, FL 33133-5309
 Us

3. Mailing Address

1870 SOUTH BAYSHORE DRIVE
 COCONUT GROVE, FL 33133-5309
 Us



DO NOT WRITE IN THIS SPACE

FEI Number

65-0704623

Applied For

Not Applicable

Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROTHSTEIN, LAWRENCE I
 2701 SOUTH BAYSHORE DRIVE
 PENTHOUSE
 COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

ROTHSTEIN, LAWRENCE I.
 1870 SOUTH BAYSHORE DRIVE
 COCONUT GROVE, FL 33133

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

LAWRENCE ROTHSTEIN

4/14/00
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WIENER, MAURICE 2701 S. BAYSHORE DR. PENTHOUSE COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROTHSTEIN, LAWRENCE I 2701 S. BAYSHORE DR. PENTHOUSE COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WIENER, RICHARD N 950 THIRD AVENUE NEW YORK NY 10022	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIENER, MAURICE 1870 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROTHSTEIN, LAWRENCE I. 1870 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/>
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
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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **LAWRENCE ROTHSTEIN** **4/14/00** **(305) 854-6803**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)