

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000356

1. Entity Name

CENTER FOR COMMUNITY AND CONDOMINIUM LIVING, INC

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90135 015 ****61.25

Principal Place of Business

Mailing Address

21155 HELMSMAN DRIVE
APT. M14
AVENTURA FL 33180

P.O. BOX 800417
AVENTURA FL 33280-0417

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

65-0732330

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIBERT, PAUL
21155 HELMSMAN DRIVE
APT. M14
AVENTURA FL 33180

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

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	C	<input type="checkbox"/> Delete
NAME	ROGERS-LIBERT, PATRICIA	
STREET ADDRESS	21155 HELMSMAN DRIVE, #M14	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	T	<input type="checkbox"/> Delete
NAME	BESKIN, JAY	
STREET ADDRESS	17890 N.E. 31 COURT, #3201	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERSTLE, MARK	
STREET ADDRESS	19495 BISCAYNE BLVD., STE. 705	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAUN, MARK	
STREET ADDRESS	20355 N.E. 34TH COURT, #1628	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENSON, NAOMI	
STREET ADDRESS	1200 N.E. MIAMI GARDENS DRIVE, #408	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLAZER, ERIC	
STREET ADDRESS	20801 BISCAYNE BLVD., 4TH FLOOR	
CITY-ST-ZIP	AVENTURA FL 33180	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLF, ROBERT DR.	
STREET ADDRESS	538 NE 199 LANE	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		<input 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		<input 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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

(305) 933-9775

Daytime Phone #

CR2E037 (9/99)