

1/9/01-90

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2001 8:00 am Secretary of State

01-09-2001 90007 033 \*\*\*\*61.25

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1. Entity Name

CENTER FOR COMMUNITY AND CONDOMINIUM LIVING, INC

Principal Place of Business

21155 HELMSMAN DRIVE APT. M14 AVENTURA FL 33180

Mailing Address

P.O. BOX 800417 AVENTURA FL 33280-0417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0732330

Applied For Not Applicable

Zip

Country

Zip

Country

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

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

Name PATRICIA ROGERS-LIBERT

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

21155 HELMSMAN DR. M14

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

PATRICIA ROGERS-LIBERT

1/4/01

(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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include ROGERS-LIBERT, PATRICIA; BESKIN, JAY; GERSTLE, MARK; BRAUN, MARK; BENSON, NAOMI; GLAZER, ERIC.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include BESKIN, JAY; ROBERT WOLF; BENSON, NAOMI.

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 RETAIN BESKIN

1/4/01

(954) 752-9010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)