

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-26-2000 90079 050 ***150.00

DOCUMENT # P12193

1. Entity Name

COURTLAND GROUP, INC.

Principal Place of Business

2701 S BAYSHORE DR #PH
 COCONUT GROVE FL 33133

Mailing Address

2701 S BAYSHORE DR #PH
 COCONUT GROVE FL 33133-5309

2. Principal Place of Business

3. Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

FEI Number	13-2697658	Applied For	
		Not Applicable	
Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

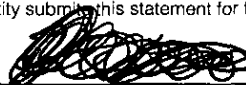
6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD <input type="checkbox"/> Delete	TITLE	Pds <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHSTEIN, LAWRENCE I.	NAME	ROTHSTEIN, LAWRENCE I.
STREET ADDRESS	2701 S BAYSHORE DR.	STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP	COCONUT GROVE FL	CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	VAS <input type="checkbox"/> Delete	TITLE	VAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMAROTTI, CARLOS	NAME	CAMAROTTI, CARLOS
STREET ADDRESS	2701 S BAYSHORE DR.	STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP	COCONUT GROVE FL	CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	CD <input type="checkbox"/> Delete	TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, MAURICE	NAME	WIENER, MAURICE
STREET ADDRESS	2701 S. BAYSHORE DRIVE	STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP	COCONUT GROVE FL	CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERNER, BERNARD	NAME	LERNER, BERNARD
STREET ADDRESS	2701 S BAYSHORE DR	STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP	COCONUT GROVE FL	CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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

CR2E034 (9/99)