

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710864

1. Entity Name

FIRST HORIZONS CONDOMINIUM, INC.

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90013 039 \*\*\*\*61.25

Principal Place of Business	Mailing Address
1550 N.W. 191 ST. 1550 NORTHEAST 191 ST N. MIAMI BEACH FL 33179 US	1550 N.E. 191 ST. 1550 NORTHEAST 191 ST N. MIAMI BEACH FL 33179-4151 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-1152393	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSS, RENA  
1550 NE 191ST ST  
N MIAMI BEACH FL 33179

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: Rena Moss DATE: 1/7/00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KANTER, VICTOR	
STREET ADDRESS	1550 NE 191 ST	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HYNES, ANGELINA	
STREET ADDRESS	1550 NE 191 STREET	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOSS, RENA	
STREET ADDRESS	1550 NE 191 STREET	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PERCY, LINDA	
STREET ADDRESS	1550 NE 191 STREET	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEINHOTZ, ROSE	
STREET ADDRESS	1550 NE 191 STREET	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HAVELOCK, LEWIS	
STREET ADDRESS	1550 NE 191 ST	
CITY-ST-ZIP	N MIAMI BCH FL	

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	
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)(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: Rena Moss DATE: 1/7/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)