

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717401

1. Entity Name

AQUARIUS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90155 005 \*\*\*\*61.25

Principal Place of Business

2751 S OCEAN DRIVE  
HOLLYWOOD, FL . 33019

Mailing Address

2751 S OCEAN DRIVE  
HOLLYWOOD, FL . 33019-2721

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1445052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEISSMAN, SEYMOUR  
2751 S. OCEAN DR., 1703-S  
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

JAME

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

City

FL

Zip Code

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.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/2000

**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**

OFFICERS AND DIRECTORS

VPD KLEIN, WILLIAM 2751 S. OCEAN DR., #405-N HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete
D ZAHAVI, ROBERT 2751 S. OCEAN DR., #303N HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete
STD SMITH, SHARON 2751 S. OCEAN DR., #602-S HOLLYWOOD FL	<input type="checkbox"/> Delete
D FINKELSTEIN, MICHAEL 2751 S. OCEAN DR., #203-N HOLLYWOOD FL	<input type="checkbox"/> Delete
PD WEISSMAN, SEYMOUR 2751 S. OCEAN DR., #1703-S HOLLYWOOD FL	<input type="checkbox"/> Delete
PD FRAVEL, MICHAEL 2751 S. OCEAN DR., PH2-S HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LISTER, JERRY 2751 S. OCEAN DR., #506-S HOLLYWOOD, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROSS, LORRAINE 2751 S. OCEAN DR., #306-S HOLLYWOOD, FL.	<input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEYMOUR WEISSMAN 2/15/2000

Date

Daytime Phone #

954-921-7924

CR2E037 (9/99)