

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728015

1. Entity Name

THE OLYMPUS ASSOCIATION, INC.

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

03-13-2000 90039 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

500 THREE ISLANDS BLVD.  
HALLANDALE FL 33009

500 THREE ISLANDS BLVD.  
HALLANDALE FL 33009-2887

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1497116

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

SKRLD, INC.  
ATTN: LISA LERNER  
201 ALHAMRA CIRCLE, SUITE 1102  
CORAL GABLES FL 33134

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	D	<input type="checkbox"/> Delete
NAME	ABRAMS, PATRICIA	
STREET ADDRESS	500 3 ISLAND BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SUPERFINE, EARL	
STREET ADDRESS	500-3 ISLAND BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOROWITZ, LEO	
STREET ADDRESS	600 3 ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHERLINE, STUART	
STREET ADDRESS	2500 PARKVIEW DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GILLMAN, ELAINE	
STREET ADDRESS	2500 PARKVIEW DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEON, LEE	
STREET ADDRESS	600-3 ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE 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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUKOFF, PEGGY	
STREET ADDRESS	500 THREE ISLANDS BLVD.	
CITY-ST-ZIP	HALLANDALE, FL	
TITLE	D-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMA SILVERMAN	
STREET ADDRESS	600 THREE ISLANDS BLVD.	
CITY-ST-ZIP	HALLANDALE, FL.	

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-2000 (954) 456-8886

Date

Daytime Phone #

CR2E037 (9/99)