

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725539

1. Entity Name

ORIOLE GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7400 N.W. 5TH COURT
MARGATE FL 33063

Mailing Address

7400 N.W. 5TH COURT
MARGATE FL 33063-7442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1577274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHIFFMAN, HAROLD
7600 NW 4TH PLACE
MARGATE FL 33063

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

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

TITLE TP ☐ Delete
NAME LICHTENSTEIN, MORRIS
STREET ADDRESS 7605 NW 4TH PL
CITY-ST-ZIP MARGATE FL 33063

TITLE D ☐ Delete
NAME SHIFFMAN, HAROLD
STREET ADDRESS 7600 NW 4TH PLACE
CITY-ST-ZIP MARGATE FL 33063

TITLE T ☐ Delete
NAME GOLDSTEIN, LEWIS
STREET ADDRESS 7400 NW 4TH PLACE
CITY-ST-ZIP MARGATE FL 33063

TITLE D ☐ Delete
NAME PLEVNER, MORRIS
STREET ADDRESS 7605 W ATLANTIC BLVD
CITY-ST-ZIP MARGATE FL 33063

TITLE T ☐ Delete
NAME POLISH, HERMAN
STREET ADDRESS 7200 NW 5TH PLACE
CITY-ST-ZIP MARGATE FL 33063

TITLE D ☐ Delete
NAME ROSENBERG, SAMUEL
STREET ADDRESS 7605 NW 5TH PLACE
CITY-ST-ZIP MARGATE FL 33063

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *Harold Shiffman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-00

971-7418

CR2E037 (9/99)