

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711982

1. Entity Name

Second Horizons Condominium, Inc.

Principal Place of Business

Mailing Address

1540 NE 191st Street
North Miami Beach, FL 33179

2. Principal Place of Business

1540 NE 191 Street

Suite, Apt. #, etc.
310

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

Zip

33179

Country

Dade

Zip

Country

4. FEI Number

59-6196220

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

D0057982

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Chris B. Jordan, CPA

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

15175 Eagle Nest Lane, #103

City

Miami Lakes,

FL

Zip Code
33014

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 Chris B. Jordan, CPA

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

President
Shirley Karben
1540 NE 191 Street, Apt. 310
North Miami Beach, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

Vice President
Bernice DeSalvo
1540 NE 191 Street, Apt. 323
North Miami Beach, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

Secretary/Treasurer
Hehisler Payes
1540 NE 191 Street Apt. 341
North Miami Beach, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:



Hehisler Payes

May 12, 2000 (305) 820-071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)