

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90009 023 ****61.25

DOCUMENT # 763229

1. Entity Name

NORTHRIDGE PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5333 N. DIXIE HIGHWAY
 FT. LAUDERDALE FL 33308

2100 E. COMMERCIAL BLVD.
 C/O THOEDOR LEHRER
 FT. LAUDERDALE FL 33308

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 **59-2193059**

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

7. Name and Address of New Registered Agent

THEODOR LEHRER, M.D.
2100 E. COMMERCIAL BLVD.
FT LAUDERDALE FL 33308

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 *Pay*

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	TD	<input type="checkbox"/> Delete
NAME	LEHRER, THEODOR	
STREET ADDRESS	2100E COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	TASLIMI, KAMAL	
STREET ADDRESS	5333 N DIXIE HWY	
CITY-ST-ZIP	OAKLAND PARK, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COOPERSMITH, EDWARD	
STREET ADDRESS	5333 N. DIXIE HIGHWAY	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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:

Prasch **CREATED**

01-01-02 904/772-0933

CR2E037 (9/01)