

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90145 044 ****61.25

DOCUMENT # N01000001163

1. Entity Name

MASADA CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

Mailing Address

**3901 INDIAN CREEK DR. BOX 518
MIAMI BEACH FL 33140****3901 INDIAN CREEK DR. BOX 518
MIAMI BEACH FL 33140**

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

65-0349429

Applied For

Not Applicable

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

**BERGER, WILLIAM
3901 INDIAN CREEK DR, #308
MIAMI BEACH FL 33140**

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 \$61.259. 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 **P** ☐ Delete
NAME **BERGER, WILLIAM**
STREET ADDRESS **3901 INDIAN CREEK DR, #308**
CITY-ST-ZIP **MIAMI BEACH FL 33140**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **KAMINER, EUGENE**
STREET ADDRESS **3901 INDIAN CREEK DR, #408**
CITY-ST-ZIP **MIAMI BEACH FL 33140**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **KALISCH, JACOB**
STREET ADDRESS **3901 INDIAN CREEK DR, #305**
CITY-ST-ZIP **MIAMI BEACH FL 33140**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **WEIDBERG, DAVID**
STREET ADDRESS **3901 INDIAN CREEK DR, #403**
CITY-ST-ZIP **MIAMI BEACH FL 33140**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MEDINA, TERESA**
STREET ADDRESS **3901 INDIAN CREEK DR, #506**
CITY-ST-ZIP **MIAMI BEACH FL 33140**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **KLEIN, IRENE**
STREET ADDRESS **3901 INDIAN CREEK DR, #207**
CITY-ST-ZIP **MIAMI BEACH FL 33140**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:

SIGNATURE REQUIRED

William Berger Jan 15 - 2002

CR2E037 (9/01)