

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90014 002 \*\*\*\*61.25

**DOCUMENT # 725933**

1. Entity Name

**GOLDEN GLADES OFFICE PARK CONDOMINIUM ASSOCIATION SECTION 1, INC.**

Principal Place of Business

Mailing Address

ASSOCIATION SECTION 1, INC.  
 520 NW 165 ST. RD., STE 102  
 MIAMI FL 33169

ASSOCIATION SECTION 1, INC.  
 520 NW 165 ST. RD., STE 102  
 MIAMI FL 33169

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

**59-1684084**

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

FRANZELAS, PAUL  
 520 NW 165 ST RD  
 #201  
 MIAMI FL 33169

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 PD  
 NAME LOCKE, GEORGE ☐ Delete  
 STREET ADDRESS 500 NW 165TH ST RD #204  
 CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  
 NAME FRANZELAS, PAUL ☐ Delete  
 STREET ADDRESS 520 NW 165TH ST RD #201  
 CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  
 NAME THOMPkins, RONALD ☐ Delete  
 STREET ADDRESS 520 NW 165 ST RD #205  
 CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  
 NAME BATES, DONALD JR ☐ Delete  
 STREET ADDRESS 520 N.W. 165TH STREET ROAD #104  
 CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☒ Delete  
 NAME BEDRIN, RONALD  
 STREET ADDRESS 520 NW 165TH STREET RD #207  
 CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME EINBINDER, MARC  
 STREET ADDRESS 520 NW 165TH ST RD #102  
 CITY-ST-ZIP MIAMI FL

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 fees empowered.

SIGNATURE:

*Marc Einbinder*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/22/02 305-949-4695*

CR2E037 (9/01)