

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90168 001 ****61.25

DOCUMENT # 711440

1. Entity Name

POINT EAST TWO CONDOMINIUM CORPORATION, INC.



Principal Place of Business

**2895 POINT EAST DRIVE
AVENTURA FL 33160**

Mailing Address

**2895 POINT EAST DRIVE
AVENTURA FL 33160**

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 **59-1278864**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HYMAN & KAPLAN, P A
150 W FLAGLER STREET
SUITE 2701, MUSEUM TOWER
MIAMI FL 33130**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **FELLA, ANTHONY**
STREET ADDRESS **2861 LEONARD DRIVE, APT F201**
CITY-ST-ZIP **AVENTURA FL 33160**

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

TITLE **VPD** ☒ Delete
NAME **FRIEDMAN, PAUL**
STREET ADDRESS **2855 LEONARD DRIVE, APT H607**
CITY-ST-ZIP **AVENTURA FL 33160**

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

TITLE **SD** ☐ Delete
NAME **GILDEN, ANITA**
STREET ADDRESS **2861 LEONARD DRIVE, APT F206**
CITY-ST-ZIP **AVENTURA FL 33160**

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

TITLE **TD** ☐ Delete
NAME **LEVITT, MARICELY**
STREET ADDRESS **2855 LEONARD DR H-109**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **Vice - Pres, Treasurer** ☒ Change ☐ Addition
NAME **Levitt, Maricely**
STREET ADDRESS **2855 LEONARD Drive H-109**
CITY-ST-ZIP **AVENTURA, FL. 33160**

TITLE **D** ☐ Delete
NAME **WINTER, ROSMAN**
STREET ADDRESS **2855 LEONARD DRIVE, APT H308**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **Director** ☒ Change ☐ Addition
NAME **Winter, Roman**
STREET ADDRESS **2855 LEONARD Drive, APT H-308**
CITY-ST-ZIP **AVENTURA, FL. 33160**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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: **SIGNATURE REQUIRED (Anita Gilden)** **4-21-2003 305 931-3960**

CR2E037 (10/02)