

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90012 038 ****61.25

DOCUMENT # 710327

1. Entity Name

POINT EAST ONE CONDOMINIUM CORPORATION, INC.

Principal Place of Business

Mailing Address

2895 POINT EAST DRIVE
MIAMI FL 33160

2895 POINT EAST DRIVE
MIAMI FLA 33160-2658

Aventura

Aventura

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1281661

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBINSON, PAUL E
1590 NE 162 STREET
SUITE 200
N MIAMI BEACH FL 33162

Name Mel Cohen

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

2930 Point East Dr. - Ste E402

City Aventura

FL

Zip Code

33160

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

Mel Cohen

Pres. Corp. Inc.

4/13/00

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 COHEN, MEL
STREET ADDRESS 2930 POINT EAST DR STE E402
CITY-ST-ZIP AVENTURA FL ☐ Delete

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

TITLE SD
NAME HOWARD, PONDY
STREET ADDRESS 2930 POINT EAST DR STE E310
CITY-ST-ZIP AVENTURA FL ☒ Delete

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

TITLE TD
NAME NUNES, LUIS
STREET ADDRESS 2999 POINT E DR, C-201
CITY-ST-ZIP N MIAMI BCH FL ☐ Delete

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

TITLE D
NAME MEYER, PAUL
STREET ADDRESS 2999 POINT EAST DR, SUITE C112
CITY-ST-ZIP AVENTURA FL 33160 ☒ Delete

TITLE Director
NAME Sidney A. Watson
STREET ADDRESS 2930 Point East Dr., E212
CITY-ST-ZIP Aventura, FL. 33160 ☐ Change ☒ Addition

TITLE VD
NAME SZEKELY, EVA
STREET ADDRESS 2999 POINT EAST DR., C-614
CITY-ST-ZIP AVENTURA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Treasurer
NAME Shirley A. Frank
STREET ADDRESS 2980 Point East Dr., D 307
CITY-ST-ZIP Aventura, FL. 33160 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

305-931-3960

Date

Daytime Phone #

CR2E037 (9/99)