2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710950

1. Entity Name

FIRST MOORINGS CONDOMINIUM, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State
04-11-2000 90033 040 ****61.25

Principal Place of Business	Mailing Address
1591 MIAMI GARDENS DR NORTH MIAMI BEACH FL 33179	1591 MIAMI GARDENS DR NORTH MIAMI BEACH FL 33179-4867

DO NOT WRITE IN THIS SPACE

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 59-1166747 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~ABRAMS, BEN~~
~~1591 MIAMI GARDENS DRIVE~~
~~NORTH MIAMI BEACH FL 33179~~ DELETE

7. Name and Address of New Registered Agent

Name DAVID SILVERMAN
Street Address (P.O. Box Number is Not Acceptable) 1591 MIAMI GARDENS DR
City MIAMI **FL** Zip Code 33179

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 David Silverman 1/20/~~99~~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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ABRAMS, BEN 1591 MIAMI GARDENS DR N. MIAMI BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ PRESIDENT DAVID SILVERMAN 1591 MIAMI GARDENS DR. N. MIAMI BCH. FL. 33179	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D URAN, FREDA 1591 N.E. MIAMI GARDENS DR N MIAMI BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ DIRECTOR MARY GOLD 1591 MIAMI GDNS DR, N. MIAMI BCH. FL. 33179	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATZ, MARIAN 1591 MIAMI GARDENS DR N MIAMI BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARIAN KATZ 1599 MIAMI GARDENS N. MIAMI BCH. FL.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: David Silverman 1/20/00 (305) 947-5922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #