

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90131 010 ****78.75

DOCUMENT # 712954

1. Entity Name

JADE WINDS ASSOCIATION, INC.

Principal Place of Business

1720 N E 191 STREET
 NORTH MIAMI BEACH FL 33179

Mailing Address

1720 N E 191 STREET
 NORTH MIAMI BEACH FL 33179-4208
 US

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

59-1220918

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

2



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KALLICHE, ANTHONY A.
5201 BLUE LAGOON DR
SUITE #100
MIAMI FL 33126

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.

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

TITLE	V 3RD	<input type="checkbox"/> Delete
NAME	PLANCHER, MAX	
STREET ADDRESS	1700 NE 191 ST	
CITY-ST-ZIP	N. MIAMI BCH. FL 33179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEFROWITZ, LISA	
STREET ADDRESS	1710 NE 191 ST 302	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MERMAN, GEORGE	
STREET ADDRESS	1770 NE 191 ST #706	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	V 2ND	<input type="checkbox"/> Delete
NAME	ABRAMS, SHAYLE	
STREET ADDRESS	1750 NE 191 ST #113	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	PO	<input type="checkbox"/> Delete
NAME	BERGMAN, IZAK	
STREET ADDRESS	1750 NE 191ST ST. #300	
CITY-ST-ZIP	N. MIAMI BCH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Moore	
STREET ADDRESS	1710 NE 191 St #107	
CITY-ST-ZIP	N. Miami Bch, Fl 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1st VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Fox	
STREET ADDRESS	1680 NE 191 St #109	
CITY-ST-ZIP	N Miami Bch, Fl 33179	

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000
 Date

Daytime Phone #

CR2EN37 (9/99)