

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90238 016 ****70.00

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
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1220918

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



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	<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 type="checkbox"/> Delete
NAME	MOORE, JEAN	
STREET ADDRESS	1710 NE 191 ST #107	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ABRAMS, SHAYLE	
STREET ADDRESS	1750 NE 191 ST #113	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERGMAN, IZAK	
STREET ADDRESS	1750 NE 191ST ST. #300	
CITY-ST-ZIP	N. MIAMI BCH FL 33179	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FOX, BRUCE	
STREET ADDRESS	1680 EN 191 ST #109	
CITY-ST-ZIP	MIAMI FL 33179	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FRED WELBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEAD OF MAINT	
STREET ADDRESS	1750 NE 191 ST #627	
CITY-ST-ZIP	N. MIAMI BCH, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISZ, TIBOR	
STREET ADDRESS	1670 NE 191 ST #403	
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 19-07(5)(c), Florida Statutes. 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01
 Date

Daytime Phone #

CR2E037 (10/00)