

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90066 036 ****70.00

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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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1220918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KALLICHE, ANTHONY A.
5201 BLUE LAGOON DR
SUITE #100
MIAMI FL 33128

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLANCHER, MAX <i>2nd Vice President</i> 1700 NE 191 ST N. MIAMI BCH. FL 33179 "D"	<input type="checkbox"/> Delete (1)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEFROWITZ, LISA <i>Corp. Secretary</i> 1710 NE 191 ST 302 N MIAMI BCH FL 33179 "D"	<input type="checkbox"/> Delete (2)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, JEAN 1710 NE 191 ST #107 N. MIAMI BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WELBER, FRED 1750 NE 191 ST #113 N MIAMI BCH FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGMAN, IZAK <i>President</i> 1750 NE 191ST ST. #300 N. MIAMI BCH FL 33179 "D"	<input type="checkbox"/> Delete (3)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEISZ, TIBOR <i>vice president</i> 1870 NE 191STSTREET #403 MIAMI FL 33179 "D"	<input type="checkbox"/> Delete (4)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (5)
CONSTANCE HOCKNEY 1780 NE 191 STREET #209 N. MIAMI BEACH, FL 33179 <i>Treasurer</i> "D"	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **4/15/02** **305.949.4816**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)