

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90619 049 \*\*\*\*\*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

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

☐ CHECK HERE IF MAKING CHANGES



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 **DAVID ROGER**

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

**5201 Blue Lagoon Dr**

**Suite 100**

City

**Miami FL**

FL

Zip Code

**33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/7/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **2VPD** ☒ Delete  
NAME **PLANCHER, MAX**  
STREET ADDRESS **1700 NE 191 ST**  
CITY-ST-ZIP **N. MIAMI BCH. FL 33179**

TITLE **CPD** ☐ Delete  
NAME **LEFROWITZ, LISA**  
STREET ADDRESS **1710 NE 191 ST 302**  
CITY-ST-ZIP **N MIAMI BCH FL 33179**

TITLE **TD** ☒ Delete  
NAME **HOCKNEY, CONSTANCE**  
STREET ADDRESS **1780 NE 111 ST. #209**  
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **PD** ☐ Delete  
NAME **BERGMAN, IZAK**  
STREET ADDRESS **1750 NE 191ST ST. #300**  
CITY-ST-ZIP **N. MIAMI BCH FL 33179**

TITLE **VPD** ☐ Delete  
NAME **WEISZ, TIBOR**  
STREET ADDRESS **1670 NE 191ST STREET #403**  
CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **2VPD** ☒ Change ☒ Addition  
NAME **SEMSKY, MORRIS**  
STREET ADDRESS **1690 NE 191 St #314**  
CITY-ST-ZIP **N. MIAMI BCH, FL 33179**

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

TITLE **TD** ☒ Change ☐ Addition  
NAME **RUSSELL, VICKIE**  
STREET ADDRESS **1750 NE 191 St # 205**  
CITY-ST-ZIP **N. MIAMI BCH, FL # 205**

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

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

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

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 REQUIRED**

**4-14-03**

CR2E037 (10/02)