

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715352

1. Entity Name

BISCAYNE LAKE GARDENS CONDOMINIUM NO. 3, INC.

(R)

Principal Place of Business

2760 NE 203RD ST.
MIAMI FL 33180

Mailing Address

2865 N.E. 201 TERRACE
AVENTURA FL 33180-2016
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1742468

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATZ, NATHAN
1131 WEST CAMPANELLI DRIVE
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name
Haim Swissa

Street Address (P.O. Box Number is Not Acceptable)
2760 NE 203 St. #1

Aventura, FL 33180

City
Florida

FL

Zip Code
33180

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 Haim Swissa, President

3/13/00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
FLEISHER, MARILYN
2760 N E 203RD STREET
MIAMI FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
KAT, MARILYN
2760 N-E 203RD STREET
MIAMI FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
KATZ, MARILYN
1131 WEST CAMPANELLI DRIVE
PLANTATION FL 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Swissa, Haim
2760 NE 203 St. #1
Aventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Matos, Ada
2760 NE 203 St.
Aventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 a address, with all other like empowered.

SIGNATURE:

Haim Swissa, President

3/13/00

305-931-0642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)