

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 715352**

1. Entity Name

BISCAYNE LAKE GARDENS CONDOMINIUM NO. 3, INC.

Principal Place of Business

**2760 NE 203RD ST.
MIAMI FL 33180**

Mailing Address

**2865 N.E. 201 TERRACE
AVENTURA FL 33180
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

59-1235863

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 203rd Street #2City **Aventura****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****Sept. 10, 2001**

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
After September 12, 2001, min. will be \$236.25**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 **STD** ☒ Delete
NAME **FLEISHER, MARILYN**
STREET ADDRESS **2760 N E 203RD STREET**
CITY-ST-ZIP **MIAMI FL 33180**TITLE **PD** ☐ Delete
NAME **SWISSA, HAIM**
STREET ADDRESS **2760 NE 203 STREET #1**
CITY-ST-ZIP **MIAMI FL 33180**TITLE **D** ☐ Delete
NAME **MATOS, ADA**
STREET ADDRESS **2760 NE 203 STREET**
CITY-ST-ZIP **MIAMI FL 33180**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☐ Change ☒ Addition
NAME **Balilti, Shai**
STREET ADDRESS **2880 NE 203rd St. #B-11**
CITY-ST-ZIP **Aventura, FL 33180**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2760 NE 203 St. #2**
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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** President**Sept. 10, 2001****FILED**
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90001 007 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)