

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90010 027 ****61.25

11037

DOCUMENT # 716473
 1. Entity Name
9500 OCEANS CONDOMINIUM, INC.

Principal Place of Business Mailing Address
9511 COLLINS AVE. **9511 COLLINS AVE.**
SURFSIDE FL 33154 **SURFSIDE FL 33154**



DO NOT WRITE IN THIS SPACE

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 **59-1318837** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEUTSCH, HAROLD
9511 COLLINS AVE
SURFSIDE FL 33154

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DEUTSCH, HAROLD	
STREET ADDRESS	9511 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROSEN, SHIRLEY	
STREET ADDRESS	9511 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STERNBERG, BEN	
STREET ADDRESS	9511 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHZMAN, RICHARD	
STREET ADDRESS	9511 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERGMAN, EDITH	
STREET ADDRESS	9511 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD ECKSTEIN	
STREET ADDRESS	9511 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD SPILL	
STREET ADDRESS	9511 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEDA LEVY	
STREET ADDRESS	9511 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD DEUTSCH	
STREET ADDRESS	9511 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* HAROLD DEUTSCH 5/25/01 305-864-8389

CR2E037 (10/00)