

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90269 035 *****61.25

DOCUMENT # 718749

1. Entity Name

CONDOMINIUM ASSOCIATION OF LA MER ESTATES, INC.

Principal Place of Business

Mailing Address

**1890 SOUTH OCEAN DRIVE
HALLANDALE FL 33009**

**1890 SOUTH OCEAN DRIVE
HALLANDALE FL 33009**

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

59-1321610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAW OFFICES OF ERIC M. GLAZER, P.A.
1920 E. HALLANDALE BEACH BLVD., 8TH FL
HALLANDALE FL 33009**

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. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **SINGERMAN, DAVID**
STREET ADDRESS **1890 S OCEAN DR**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **President** ☒ Change ☐ Addition
NAME **Caplan, Lazarus**
STREET ADDRESS **1890 S. Ocean Dr, Hallandale, FL 33009**

TITLE **TD** ☒ Delete
NAME **MILLER, JACK**
STREET ADDRESS **1890 S OCEAN DR**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Abe Lenkov**
STREET ADDRESS **1890 S. Ocean Dr**
CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **VPD** ☒ Delete
NAME **LENKOV, ABE**
STREET ADDRESS **1890 S OCEAN DRIVE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **Vice-President** ☒ Change ☐ Addition
NAME **Martin Miller**
STREET ADDRESS **1890 S. Ocean Dr**
CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **SD** ☒ Delete
NAME **WEISBROT, GARY**
STREET ADDRESS **1890 S OCEAN DRIVE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Michael Gable**
STREET ADDRESS **1890 S. Ocean Dr**
CITY-ST-ZIP **Hallandale, FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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)

Abe Lenkov

2/27/02

(954) 458-4757

CR2E037 (9/01)