

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719043

1. Entity Name

AZURE LAKE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90168 012 ****61.25

Principal Place of Business

875 NE 195 ST
NORTH MIAMI BEACH FL 33179-405
US

Mailing Address

875 NE 195 ST
NORTH MIAMI BEACH FL 33179-3435
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1292292

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FERSTEN, SID
875 N.E. 195TH STREET
NO. MIAMI BCH FL 33179

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 Sidney Fersten

Sidney Fersten

2/4/2000

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 ☐ Delete
NAME VD
STREET ADDRESS FERSTEN, SID
CITY-ST-ZIP 879 N E 195 ST
N MIAMI BEACH FL

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS SZERLIP, ZIRIL
CITY-ST-ZIP 877 NE 195TH STREET
N MIAMI BEACH FL

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS James Carney
CITY-ST-ZIP 871 N E 195th St
N. Miami Beach FL 33179

TITLE ☐ Delete
NAME PD
STREET ADDRESS STERN, DAVID
CITY-ST-ZIP 875 NE 195 ST
N MIAMI BEACH FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS FRIEDMAN, LORAIN
CITY-ST-ZIP 877 NE 195TH ST
N MIAMI BCH FL 33179

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

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:

Sidney Fersten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-651-0522

Date

Daytime Phone #

CR2E037 (9/99)