

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90125 031 ****61.25

DOCUMENT # 722391

1. Entity Name

MALAGA TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1912-1920 S OCEAN DR
 HALLANDALE FL 33009

Mailing Address

1920 S. OCEAN DRIVE
 HALLANDALE FL 33009

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1429262

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

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

N/A

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SHAY, BERNARD	
STREET ADDRESS	1912 SOUTH OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAINO, GERSON	
STREET ADDRESS	1920 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEMEO, ROBERT	
STREET ADDRESS	1920 S. OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHLESINGER, AARON	
STREET ADDRESS	1920 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIBONI, JACQUES	
STREET ADDRESS	1912 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS BENAY	
STREET ADDRESS	1912 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	V.P.R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN MANGANIELLO	
STREET ADDRESS	1912 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL. 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON HERSKOWITZ	
STREET ADDRESS	1912 S. OCEAN DR.	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKY TAYLOR	
STREET ADDRESS	1912 S. OCEAN DR.	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAM MEISTER	
STREET ADDRESS	1912 S. OCEAN DR	
CITY-ST-ZIP	HALLANDALE, FL 33009	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this 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 (MARCUS BENAY 2/2/01 954.454-2977)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)