

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

08-27-2003 90078 012 \*\*\*\*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

33036348

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **59-1429262** Applied For  
Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alvin Trilling*  
**ALVIN TRILLING, OFFICE MANAGER**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**8/22/03**  
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<del>P</del>	<del>OUJEL, MIKE</del>	<input checked="" type="checkbox"/> Delete
NAME		<del>1920 S OCEAN DRIVE</del>	
STREET ADDRESS		<del>HALLANDALE FL 33009</del>	
CITY-ST-ZIP			
TITLE	<del>VP</del>	<del>CHORNEY, MAURICE VICE PRESIDENT</del>	<input type="checkbox"/> Delete
NAME		<del>1920 S OCEAN DRIVE</del>	
STREET ADDRESS		<del>HALLANDALE FL 33009</del>	
CITY-ST-ZIP			
TITLE	<del>S</del>	<del>SHAY, BERNARD</del>	<input checked="" type="checkbox"/> Delete
NAME		<del>1912 S OCEAN DRIVE</del>	
STREET ADDRESS		<del>HALLANDALE FL 33009</del>	
CITY-ST-ZIP			
TITLE	<del>D</del>	<del>MILLER, ALLAN</del>	<input checked="" type="checkbox"/> Delete
NAME		<del>1912 S OCEAN BLVD</del>	
STREET ADDRESS		<del>HALLANDALE FL 33009</del>	
CITY-ST-ZIP			
TITLE	<del>D</del>	<del>SCHNAPP, DAVID</del>	<input checked="" type="checkbox"/> Delete
NAME		<del>1912 S OCEAN DR</del>	
STREET ADDRESS		<del>HALLANDALE FL 33009</del>	
CITY-ST-ZIP			
TITLE	<del>D</del>	<del>WOHL, MATTHEW</del>	<input checked="" type="checkbox"/> Delete
NAME		<del>1912 S OCEAN BLVD</del>	
STREET ADDRESS		<del>HALLANDALE FL 33009</del>	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<b>LEON HERSKOWITZ PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>1912 SOUTH OCEAN DRIVE</b>	
STREET ADDRESS		<b>HALLANDALE, FL 33009</b>	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<b>PAUL KOZARIN, TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>1912 SOUTH OCEAN DRIVE</b>	
STREET ADDRESS		<b>HALLANDALE, FL 33009</b>	
CITY-ST-ZIP			
TITLE		<b>VALERIAN KLOPUKH, DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>1912 SOUTH OCEAN DRIVE</b>	
STREET ADDRESS		<b>HALLANDALE, FL 33009</b>	
CITY-ST-ZIP			
TITLE		<b>JACQUES SIBONI, DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>1912 SOUTH OCEAN DRIVE</b>	
STREET ADDRESS		<b>HALLANDALE, FL 33009</b>	
CITY-ST-ZIP			
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: *Paul Kozarin*  
**PAUL KOZARIN, TREASURER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/22/03**  
Date

CR2E037 (10/02)