

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/22/01

**FILED**  
Feb 09, 2001 8:00 am  
Secretary of State

01-22-2001 90025 045 \*\*\*\*61.25

DOCUMENT # 723573

1. Entity Name

SAPPHIRE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4000 N.W. 44TH AVE.  
LAUDERDALE LAKES FL 33319

Mailing Address

4000 N.W. 44TH AVE.  
LAUDERDALE LAKES FL 33319

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1512053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESPTIN, IRENE  
4000 N.W. 44 AVE.  
LAUDERDALE LAKES FL 33319

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

*Irene Epstein*  
Signature, typed or printed name of registered agent and title if applicable

*Irene Epstein*  
(NOTE: Registered Agent signature required when reinstating)

1/11/01  
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	TD	<input type="checkbox"/> Delete
NAME	PLANCEY, SALLY	
STREET ADDRESS	4000 NW 44TH AVENUE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ZUFLACHT, JACK	
STREET ADDRESS	4000 NW. 44T AVE.	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EPSTEIN, IRENE	
STREET ADDRESS	4000 N.W. 44 AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	S AND VP	<input type="checkbox"/> Delete
NAME	LEVY, NINA	
STREET ADDRESS	4000 NW 44 AVE.	
CITY-ST-ZIP	LAUDERDALE LAKSES FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SOC. + VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, NINA	
STREET ADDRESS	4000 NW 44 AVE	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Irene Epstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)