

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90116 038 \*\*\*\*61.25

**DOCUMENT # 724671**

1. Entity Name

**LAUDERDALE WEST COMMUNITY ASSOCIATION NO. 1, INC**

Principal Place of Business

Mailing Address

**1141 NW 85TH AVENUE  
 PLANTATION FL 33322**

**1141 NW 85TH AVENUE  
 PLANTATION FL 33322**

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

**59-1655434**

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

**MOSHEN, MIRIAM  
 1121 N.W. 89TH WAY  
 PLANTATION FL 33322-5018**

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

*Miriam Moshen 2nd V.P.*

*4/23/02*

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	HALLE, PHIL	
STREET ADDRESS	8200 N.W. 13TH STREET	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOSHEN, MIRIAM	
STREET ADDRESS	1121 NW 89TH AVENUE WAY	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MARCUS, ARLINE	
STREET ADDRESS	1081 NW 88 AVENUE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GREENBERG, MARVIN	
STREET ADDRESS	1141 N.W. 85TH AVE.	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JANSEN, EDWARD C	
STREET ADDRESS	8591 N.W. 17TH PLACE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CERISANO, LEONARD	
STREET ADDRESS	1020 NW 85 TERRACE	
CITY-ST-ZIP	PLANTATION FL 33322	

TITLE	3RD V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVY, PAUL	
STREET ADDRESS	8204 N.W. 15th	
CITY-ST-ZIP	PLANTATION FL 33322	
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		
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:

*Arline Marcus* **ARLINE MARCUS** *4/23/02* **473-8219**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)