

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-24-2002 90042 042 ****61.25

DOCUMENT # 725082

1. Entity Name

WINSTON TOWERS 300 ASSOCIATION INC

Principal Place of Business

Mailing Address

**230-174 ST.
 SUNNY ISLES BEACH FL 33160**

**230-174 ST.
 MIAMI BEACH FL 33160**

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

59-1457500

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

**KALLICHE, ANTHONY A
 BECKER & POLIAKOFF, P.A.
 5201 BLUE LAGOON DR. #100
 MIAMI FL 33128**

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

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 **DIRECTOR** ☐ Delete
 NAME ~~KANEVSKY, MARK~~ **JULIE Block**
 STREET ADDRESS **230 174 STREET APT. 1507**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
 NAME **KANEVSKY MARK**
 STREET ADDRESS **230 174TH ST APT 1507**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **P** ☒ Delete
 NAME **BRANDMAN, ELEANOR**
 STREET ADDRESS **230 174 STREET #2211**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **KAY, HENRY B.**
 STREET ADDRESS **230 174TH ST APT 305**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **T** ☒ Delete
 NAME **SNYDERMAN, RUTH**
 STREET ADDRESS **174TH ST STE 1108**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **RAFFO, CARLOS.**
 STREET ADDRESS **230 174TH ST APT 1114**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **VP** ☐ Delete
 NAME **BEAKOWITZ, NATHAN**
 STREET ADDRESS **230 174TH ST. APT #2001**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **TREASURER** ☒ Change ☐ Addition
 NAME **NATHAN BEAKOWITZ**
 STREET ADDRESS **230-174TH ST APT 2001**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **VPD** ☒ Delete
 NAME **OSIAS, RUTH**
 STREET ADDRESS **230-174TH ST APT 1419**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **MASON, HAROLD**
 STREET ADDRESS **230 174TH ST APT 2202**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **VP** ☒ Delete
 NAME **SOLOMON, MARTIN**
 STREET ADDRESS **230-174TH ST APT 1107**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **JONAS ROTH**
 STREET ADDRESS **230 174TH ST APT 412**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

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:

JOHN B. MASON PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/02 305-932-5290
 Date Daytime Phone #

CR2E037 (9/01)