

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726169

1. Entity Name

ARLEN HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

300 BAYVIEW DR.
NORTH MIAMI BEACH FL 33160

300 BAYVIEW DR.
NORTH MIAMI BEACH FL 33160-4773

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2770774

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FELDMAN, MICHAEL K.
1135 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

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 PD ☒ Delete
NAME GREENWALD, ALAN
STREET ADDRESS 300 BAYVIEW DR.
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE PD ☐ Change ☒ Addition
NAME CHARLES ZUCKER
STREET ADDRESS 300 BAYVIEW DRIVE
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE VD ☐ Delete
NAME GUTTMAN, LEROY
STREET ADDRESS 300 BAYVIEW DR.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE TD ☐ Delete
NAME ROBERG, MITZI
STREET ADDRESS 300 BAYVIEW DR.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE SD ☒ Delete
NAME WAINICK, JOAN
STREET ADDRESS 300 BAYVIEW DR.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE SD ☐ Change ☒ Addition
NAME JACQUELINE FRANK
STREET ADDRESS 300 BAYVIEW DRIVE
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00 (305) 944-2348

Date

Daytime Phone #

CR2E037 (9/99)