

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727755

1. Entity Name

ARLEN HOUSE EAST CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90084 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

100 BAYVIEW DRIVE  
NORTH MIAMI BEACH FL 33160

100 BAYVIEW DRIVE  
NORTH MIAMI BEACH FL 33160-4781

2. Principal Place of Business

100 Bayview Dr.  
Suite, Apt. #, etc.

3. Mailing Address

100 Bayview Dr.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Sunny Isles, FL

City & State  
Sunny Isles, FL

4. FEI Number  
13-2770784

Applied For  
Not Applicable

Zip  
33160

Zip  
33160

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.  
NELSON & FELDMAN, P.A.  
1135 KANE CONCOURSE  
BAY HARBOR ISLANDS FL

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	P	<input type="checkbox"/> Delete
NAME	BLAU, SEYMOUR	
STREET ADDRESS	100 BAYVIEW DRIVE # 2017	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HANLEY, HEATHER	
STREET ADDRESS	100 BAYVIEW DRIVE #2126	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WEINMAN, KAY	
STREET ADDRESS	100 BAYVIEW DRIVE #308	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHVIMER, ALEX	
STREET ADDRESS	100 BAYVIEW DRIVE #1710	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREIDLANDER, MARIANNE	
STREET ADDRESS	100 BAYVIEW DRIVE #1131	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAGNON, GASTON	
STREET ADDRESS	100 BAYVIEW DRIVE # 1703	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Friedlander, Marianne	
STREET ADDRESS	100 Bayview Dr., Apt. 1131	
CITY-ST-ZIP	Sunny Isles, FL. 33160	
TITLE	GERSHON MARKS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 Bayview Dr., Apt. 2114	
CITY-ST-ZIP	Sunny Isles, FL. 33160	
TITLE	JACK SILVERMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 Bayview Dr., Apt. 408	
CITY-ST-ZIP	Sunny Isles, FL. 33160	
TITLE	MAX BERLINER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 Bayview Dr., Apt. 828	
CITY-ST-ZIP	Sunny Isles, FL. 33160	
TITLE	SONIA ROSENFELDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 Bayview Dr., Apt. 1714	
CITY-ST-ZIP	Sunny Isles, FL. 33160	
TITLE	Marilyn CEEVING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 Bayview Dr., Apt. 1531	
CITY-ST-ZIP	Sunny Isles, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)