

# 2001. UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90091 041 \*\*\*\*61.25

0042309

**DOCUMENT # 731851**

1. Entity Name

**THE JOINT COUNCIL OF AVENTURA, INC.**

Principal Place of Business

Mailing Address

1840 NE 153RD STREET  
 NORTH MIAMI FL 33162  
 US

1840 NE 153RD STREET  
 NORTH MIAMI FL 33162  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2297513**

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

**ROBERTS MANAGEMENT & REALTY CO INC.**  
**1840 NE 153RD ST**  
**NORTH MIAMI BEACH FL 33162**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ABE MINTZ<br>3701 N COUNTRY CLUB #803<br>N. MIAMI BEACH FL            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BRENNER, LEONARD<br>19355 TURNBERRY WAY #PHD<br>NO. MIAMI BEACH FL   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>STEVENS, ROBERT<br>3600 MYSTIC PT DR #1501<br>NO. MIAMI BEACH FL     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LAZAR, DEBBIE<br>20185 E COUNTRY CLUB DR., #409<br>AVENTURA FL        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WEINSTEIN, BERNARD<br>20191 E. COUNTRY CLUB DR., #1707<br>AVENTURA FL | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>COHEN, ROY<br>19335 TURNBERRY WAY, #5D<br>AVENTURA FL                 | <input checked="" type="checkbox"/> Delete |

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P- Leonard D Brenner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>19355 Turnberry Way - PHD<br>Aventura, FL 33180     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V- Bernie Weinstein <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>20191 E. Country Club Dr #1707<br>Aventura, FL 33180 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/T Phillip Sturtz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3475 N. Country Club Dr<br>Aventura, FL 33180         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D ABE MINTZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3701 N. Country Club Dr<br>Aventura, FL 33180                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D Sydel Schwartz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2015 E. Country Club Dr. PHD<br>Aventura, FL 33180      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D Debbie Lazar <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2875 NE 191 St. #400<br>No. Miami Beach, FL               |

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:**

*Leonard D Brenner* Pres

4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)