

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90166 020 \*\*\*\*70.00

**DOCUMENT # 735220**

1. Entity Name

**4081 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4081 NORTH FEDERAL HIGHWAY  
POMPAÑO BEACH FL 33064-6082**

**4081 NORTH FEDERAL HIGHWAY  
POMPAÑO BEACH FL 33064**

80018481



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1248 SE 12TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DEERFIELD BEACH FL**

4. FEI Number

**59-1666384**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33441**

**U.S.A.**

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

**MIRABILE, JR D  
4081 N FEDERAL HWY  
#240  
POMPAÑO BEACH FL 33064**

Name

**NESTOR VENTURINO**

Street Address (P.O. Box Number is Not Acceptable)

**1248 S.E. 12TH AVE**

City

**DEERFIELD BEACH FL**

Zip Code

**33441**

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

**2/4/00**

**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

TITLE	VD	<input type="checkbox"/> Delete
NAME	AMATO, CARMINE	
STREET ADDRESS	2701 NE 47TH ST	
CITY-ST-ZIP	LIGHTHOUSE PT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VENTURINO, NESTOR	
STREET ADDRESS	1248 SE 17TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLUESTEIN, ALAN	
STREET ADDRESS	4081 N FED SUITE 260	
CITY-ST-ZIP	POMPAÑO BEACH FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, W. H	
STREET ADDRESS	1921 NE 27TH COURT	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MIRABILE, JR D	
STREET ADDRESS	SUITE 240/4081 N FEDERAL HWY	
CITY-ST-ZIP	POMPAÑO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AD	<input checked="" 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	D	<input checked="" 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/00**

Date

**954 4293754**

Daytime Phone #

CR2E037 (9/99)