

2001 UNIFORM BUSINESS REPORT (UBR)

2/28

FILED
Mar 19, 2001 8:00 am
Secretary of State

02-28-2001 90006 027 ****61.25

DOCUMENT # 736150

1. Entity Name

PALM AIRE CIVIC ASSOCIATION, INC.

Principal Place of Business

3000 PALM AIRE DR
STE 103
POMPANO BCH. FL 33069

Mailing Address

3000 PALM AIRE DR
STE 103
POMPANO BCH. FL 33069

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2341704**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLICKMAN, KELIBEN
3000 PALM AIRE DR
STE 103
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name: **HAROLD SCHEER**

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

905 CYPRESS GROVE DRIVE

City **POMPANO BEACH** FL **33069** 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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-21-01

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GLICKMAN, REUBEN	
STREET ADDRESS	3000 PALM AIRE DR	
CITY-ST-ZIP	POMPANO BCH. FL 33069	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CANAL, ARTHUR	
STREET ADDRESS	4221 PALM AIRE DR. W. #105	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASSAEL, ALBERT	
STREET ADDRESS	1007 E 1 CYPRESS DR	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARCUS, IRVING	
STREET ADDRESS	802 CYPRESS GROVE LN.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	DAVID COHEN	
STREET ADDRESS	3510 OAKS WAY	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD SCHEER	
STREET ADDRESS	905 CYPRESS GROVE DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABE MINTZ	
STREET ADDRESS	3091 NORTH COURSE DRIVE, H-5-10	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID COHEN	
STREET ADDRESS	3510 OAKS WAY	
CITY-ST-ZIP	POMPANO BEACH, FL	
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-01 954-974-8367

CR2E037 (10/00)