# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736224

1. Entity Name

UNIVERSITY HEIGHTS CONDOMINIUM ASSOCIATION, INC.

**FILED**
**Mar 08, 2000 8:00 am**
**Secretary of State**
03-08-2000 90024 050 ****61.25

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 1800 NW 4TH AVE<br>APT 13A<br>BOCA RATON FL 33432<br>US | 1800 NW 4TH AVE<br>APT 16<br>BOCA RATON FL 33432-1542<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1800 NW 4TH AVE | |
| Suite, Apt. #, etc.: APT 16 | Suite, Apt. #, etc. |
| City & State: BOCA RATON, FL | City & State |
| Zip: 33432 Country: US | Zip Country |

4. FEI Number: 59-1773924 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

LUNING, REIN
% BOCA PINES CONDO ASSOC.
UNIT 16
BOCA RATON FL 33432

**7. Name and Address of New Registered Agent**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>LUNING, REIN<br>P.O. BOX 816<br>BOCA RATON FL 33432 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HAKIM, MORRIS<br>1012 BEL AIR DR<br>HIGHLAND BCH FL 33487 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HATHWEH, SUE<br>1800 NW 4 AVE 315<br>BOCA RATON FL 33432 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>RAMASAR, ANTHONY<br>1800 NW 4 AVE #6A<br>BOCA RATON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 (Sec/Treas) 3/1/00 561-393-3959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #