

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736313

1. Entity Name

UPMINSTER "L" CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 PM 2:09

Principal Place of Business

Mailing Address

SIDNEY FRADKIN-UPMINSTER "L" 200
CENTURY VILLAGE EAST
DEERFIELD BEACH FL 33442

SIDNEY FRADKIN-UPMINSTER "L" 200
CENTURY VILLAGE EAST
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1906007

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

CONDOMINIUM ORGANIZATION OF CENTURY VILLAGE
3501 WEST DRIVE
DEERFIELD BCH FL 33442-2085

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 PD
NAME FRADKIN, SIDNEY
STREET ADDRESS UPMINSTER L 200
CITY-ST-ZIP DEERFIELD BEACH FL ☐ Delete

TITLE VD
NAME JACOBS, EDWARD
STREET ADDRESS UPMINSTER L 195
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE D
NAME BERLIN, RAE
STREET ADDRESS UPMINSTER L 196
CITY-ST-ZIP DEERFIELD BEACH FL ☐ Delete

TITLE ST
NAME BERLIN, RAE
STREET ADDRESS UPMINSTER L 196
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE D
NAME GERBER, SYDNEY
STREET ADDRESS UPMINSTER L 202
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300005257503--9
-04/12/02--01058--001
15067.50 ***61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

2-28-02

954-427-8023

Date

Daytime Phone #

CR2E037 (9/01)