

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736314

1. Entity Name

UPMINSTER "M" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

CENTURY VILLAGE EAST
UPMINSTER M-226
DEERFIELD BEACH FL 33442

Mailing Address

CENTURY VILLAGE EAST
UPMINSTER M-226
DEERFIELD BEACH FL 33442-2859

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1906010

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, DIANE
UPMINSTER M-226
DEERFIELD BEACH FL 33442

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 \$81.25

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
NAME MILLER, DIANE
STREET ADDRESS UPMINSTER M-226
CITY-ST-ZIP DEERFIELD BCH, FL 0

☐ Delete

TITLE SFD S.D.
NAME JACOB, WALTER
STREET ADDRESS TILFORD 0972
CITY-ST-ZIP DEERFIELD BEACH FL

☐ Delete

TITLE VD
NAME KANNER, AARON
STREET ADDRESS UPMINSTER M 231
CITY-ST-ZIP DEERFIELD BEACH FL 33442

☒ Delete

TITLE VD
NAME LOVE, HAREAUME (VD)
STREET ADDRESS UPMINSTER M-235
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

☐ Delete

TITLE T.D.
NAME IRVING INKELES
STREET ADDRESS UPMINSTER M-236
CITY-ST-ZIP DEERFIELD BEACH FL 33442

☐ Delete

TITLE D.
NAME BOILLON
STREET ADDRESS UPMINSTER M-233
CITY-ST-ZIP DEERFIELD BEACH FL 33442

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)