

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737893

1. Entity Name

ROYAL OAKS CONDOMINIUM ASSOCIATION OF NORTH MIAM

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90182 034 ****61.25

Principal Place of Business

441 N.E. 195TH ST.
MIAMI FL 33179

Mailing Address

441 N.E. 195TH ST.
MIAMI FL 33179

642563



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address C/O D.C.I.

2035 HARDING ST.

Suite, Apt. #, etc.

Suite 200

City & State

HOLLYWOOD, FL 33020

Zip

Country

4. FEI Number

59-1718855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICE OF ERIC GLAZER
1920 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name
ANDREW MEYROWITZ C/O D.C.I.

Street Address (P.O. Box Number is Not Acceptable)
2035 HARDING STREET

SUITE 200

City

HOLLYWOOD

FL

Zip Code
33020

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

T
NAME
SIMON, DAVE
STREET ADDRESS
447 NE 195 ST #112
CITY-ST-ZIP
MIAMI FL 33179 ☒ Delete

PD
NAME
BERMAN, HARVEY #122
STREET ADDRESS
447 N.E. 195TH ST.
CITY-ST-ZIP
MIAMI FL ☐ Delete

SD
NAME
REITER, BRUCE
STREET ADDRESS
443 N.E. 195 STREET
CITY-ST-ZIP
MIAMI FL ☒ Delete

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
NAME
DONAHUE, CAROL
STREET ADDRESS
441 NE 195 STREET #404
CITY-ST-ZIP
N. MIAMI BEACH, FL 33179 ☒ Change ☐ Addition

☐ Change ☐ Addition

SD
NAME
CAUSEY, CAROL
STREET ADDRESS
441 NE 195 STREET #200
CITY-ST-ZIP
N. MIAMI BEACH, FL 33179 ☒ Change ☐ Addition

VPD
NAME
BRANSCUM, GLORIA
STREET ADDRESS
445 NE 195 STREET, #430
CITY-ST-ZIP
N. MIAMI BEACH, FL 33179 ☐ Change ☒ Addition

ASSIST T
NAME
GALEANO, UREAL
STREET ADDRESS
441 NE 195 STREET, 336
CITY-ST-ZIP
N. MIAMI BEACH, FL 33179 ☐ Change ☒ Addition

D
NAME
HOFFMAN, ESTHER
STREET ADDRESS
445 NE 195 STREET, #325
CITY-ST-ZIP
N. MIAMI BEACH, FL 33179 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-01 305651 0210

CR2E037 (10/00)

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Suite, Apt. #, etc

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City & State

City & State

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SUITE 200

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FL

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DATE

FILE NOW
FEB 15 2002

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				D	KOUT, CELIA	441 NE 195 STREET, #400	N. MIAMI BEACH, FL 33179	☐	☒
				D	LASSER, MARILYN	445 NE 195 STREET, #326	N. MIAMI, FL 33179	☐	☒
				D	WAPNICK, ROSE	447 NE 195 STREET, #410	N. MIAMI BEACH, FL 33179	☐	☒
				D	KADISH, DAVID	441 NE 195 STREET, 301	N. MIAMI BEACH, FL 33179	☐	☒
								☐	☐
								☐	☐

SIGN
& DATE

12. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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 #

Stamp # 642563

Attachment