## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 02, 2001 8:00 am Secretary of State DOCUMENT # 758114 1. Entity Name 05-02-2001 90191 004 \*\*\*\*61.25 THE TOWERS OF OCEANVIEW POINT CONDOMINIUM ASSOCI Principal Place of Business Mailing Address 200 LESLIE DR 400 LESUE DR. #215 იიიიიგუნ LOWER LOBBY HALLANDALE FL 33009 HALLANDALE FL 33009 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2134818 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOLOFSKY, SYDNEY 400 LESLIE DR 215 HALLANDALE FL 33009 Zip Code 3300 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 KENNETH WOLDFSKY FILE NOW: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VID TITLE Addition CR2E037 (10/00 ☐ Delete TITLE ☐ Change WOLOFSKY, PETER NAME NAME 400 LESUE DR #215 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PERLOW, JEFFREY NAME NAME 1820 E HALLANDALE BEACH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 00000 CITY-ST-ZIP PSD Change TITLE ☐ Delete TITLE Addition WOLOFSKY, KENNETH NAME NAME 400 LESLIE DR #215 STREET ADDRESS STREET ADDRESS HALLANDALE, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment with an address, wi

SIGNAT

her like empowered