

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765118

1. Entity Name
701 RIVERSIDE DRIVE CONDOMINIUM ASSOCIATION INC.

Principal Place of Business Mailing Address
701 N. Riverside Drive 701 N. Riverside Drive
Pompano Beach, FL 33062 Pompano Beach, FL 33062

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

59-2230899

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

Name FRANK G. MANI...
Street Address (P.O. Box Number is Not Acceptable)
701 N. RIVERSIDE DR Apt 901
City Pompano Beach FL Zip Code 33062

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 ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
J. OSBORNE, PRES
701 N. RIVERSIDE DR
Pompano Beach FL 33062
J. BAUM, V.P.
701 N. RIVERSIDE DR
Pompano Beach FL 33062
J. Glaffer, Secretary
701 N. RIVERSIDE DR
Pompano Beach FL 33062
JIAN HAYE, V.P.
701 N. RIVERSIDE DR
Pompano Beach FL 33062
FRANK G. MANI...
701 N. RIVERSIDE DR
Pompano Beach FL 33062

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-29-2002 93599 002 ****61.25

37368

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)

6/1/02 954-7860590