

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001318

1. Entity Name

VENEZIA LAS OLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

111 S.E. 8TH AVE
FT LAUDERDALE FL 33301

Mailing Address

3201 W GRIFFIN RD. STE 106
DANIA BEACH FL 33312

2. Principal Place of Business

3. Mailing Address

111 S.E. 8th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FL. LAUDERDALE, FL.

Zip

Country

Zip

Country

4. FEI Number

65-1146289

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
DECKELBAUM, GORDON
3201 W GRIFFIN RD
DANIA BEACH FL 33312
President

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
KEMPNER, MIKE
3201 W GRIFFIN RD
DANIA BEACH FL 33312
Secretary/VP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MOSS, DAVID
3201 W GRIFFIN RD
DANIA BEACH FL 33312
Director

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
BRADLEY DECKELBAUM
3201 W. GRIFFIN RD
DANIA BEACH, FL 33312
☐ 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)(f), 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 file 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/02

Date

Daytime Phone

FILED
Jul 16, 2002 8:00 am
Secretary of State

06-11-2002 90389 017 ***61.25

38653



DO NOT WRITE IN THIS SPACE