

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90044 010 ****61.25

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

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

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 **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

**SOLOMON, DAVID
111 S.E. 8TH AVE
FT LAUDERDALE FL 33301**

427931

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DVTS** ☒ Delete
NAME **KEMPNER, MIKE**
STREET ADDRESS **3201 W GRIFFIN RD**
CITY-ST-ZIP **DANIA BEACH FL 33312**

TITLE **D** ☒ Delete
NAME **DECKELBAUM, BRADLEY**
STREET ADDRESS **3201 W GRIFFIN RD**
CITY-ST-ZIP **DANIA BEACH FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **DAVID SOLOMON**
STREET ADDRESS **111 SE 8TH AVE #701**
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33301**

TITLE **VP** ☒ Change ☐ Addition
NAME **SANDRA RICH**
STREET ADDRESS **111 SE 8TH AVE #1202**
CITY-ST-ZIP **Fort Lauderdale, FL. 33301**

TITLE **T/S** ☒ Change ☐ Addition
NAME **Douglas Allen**
STREET ADDRESS **111 SE 8TH AVE #1501-03**
CITY-ST-ZIP **Ft. Lauderdale, FL. 33301**

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

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

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:

David Solomon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/2003

CR2037 (10/02)