

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91562 047 \*\*\*\*\*61.25

0030244

**DOCUMENT # N02164**

1. Entity Name

**BENNETT MEDICAL PLAZA CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

Mailing Address

201 NW 82ND AVENUE  
 PLANTATION FL 33324  
 US

~~KEYES~~  
~~ONE S.E. THIRD AVENUE~~  
~~MIAMI FL 33101~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

COM Keal  
 P.O. Box 266920  
 WESTON FL  
 33326 BROWARD

4. FEI Number

59-2438926

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

CHAYKIN, LEE  
 8201 W BROWARD BLVD  
 ADMINISTRATION  
 PLANTATION FL 33324

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 N/A

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	D	<input type="checkbox"/> Delete
NAME	ELLIOT WORTZEL	
STREET ADDRESS	201 NW 82ND AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUTTMAN, JEROME	
STREET ADDRESS	201 NW 82ND AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	YUSOOF HAMUTH,MD	
STREET ADDRESS	201 NW 82ND AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGN HERE**



Date

Daytime Phone #

CR2E037 (10/00)

Attachment

Doc# N02164  
767454



May 11, 2001

www.comreal.com

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302

RE: Bennett Medical Plaza Condominium Association

To Whom It May Concern:

We are the management company for the above-referred association.

Due to an unforeseen problem this report was not mailed in order to meet the May 1, 2001 deadline. Please be aware on April 25, 2001 I had emergency triple bypass heart surgery at Memorial Regional Hospital. At that time I had the completed UBR form in my briefcase ready to be mailed. Due to the operation I completely forgot to mail the form. I realized today the form had not been mailed. If possible could the late charged to waived. If not please sent let me know and I will have to send you a personal check to cover any late fee.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "John M. Spire".

John M. Spire, CPM