2002 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N02164

1. Entity Name

BENNETT MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
201 NW 82ND AVENUE PLANTATION FL 33324 US	COM-KEAL *Com Real* PO BOX 266920 WESTON FL 33326 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country

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 _____ 2/8/02

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 NAME ELLIOT WORTZEL STREET ADDRESS 201 NW 82ND AVE CITY-ST-ZIP PLANTATION FL 33324	☑ Delete	TITLE D NAME Alberto Fernandez —D STREET ADDRESS 201 NW 82RD Av CITY-ST-ZIP Plantation Fl 33324	☐ Change ☑ Addition
TITLE PD NAME GUTTMAN, JEROME STREET ADDRESS 201 NW 82ND AVE CITY-ST-ZIP PLANTATION FL 33324	☑ Delete	TITLE NAME Ben Reiter —D STREET ADDRESS 201 NW 82ND Ave. CITY-ST-ZIP Plantation, FL 33324	☐ Change ☑ Addition
TITLE D NAME YUSOOF HAMUTH,MD STREET ADDRESS 201 NW 82ND AVE CITY-ST-ZIP PLANTATION FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: _____ 2/8/02 452-2139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #