

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90087 003 ****61.25

0016941

DOCUMENT # N03420

1. Entity Name

909 CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O MAURICE E. LEVENSON
 3801 HOLLYWOOD BLVD 3RD FLOOR
 HOLLYWOOD FL 33021**

**C/O MAURICE E. LEVENSON
 3801 HOLLYWOOD BLVD 3RD FLOOR
 HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2420614

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTER, WAYNE R
 909 N MIAMI BEACH BLVD
 SUITE 403
 N MIAMI BEACH FL 33162**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** Delete
 NAME: **PORTER, WAYNE**
 STREET ADDRESS: **909 N MIAMI BCH BLVD.**
 CITY-ST-ZIP: **N MIAMI BCH FL**

TITLE: **VP/D** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **TD** Delete
 NAME: **AGNETT, JOHN**
 STREET ADDRESS: **909 N MIAMI BEACH BLVD, STE 201**
 CITY-ST-ZIP: **N MIAMI BCH FL 33162**

TITLE: **P/D** Change Addition
 NAME: **AGNETTI, JOHN**
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **SD** Delete
 NAME: **MOSKOWITZ, JEROME**
 STREET ADDRESS: **909 N MIAMI BEACH BLVD**
 CITY-ST-ZIP: **N MIAMI BCH FL 33162**

TITLE: Change Addition
 NAME:
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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 another like empowered.

SIGNATURE:

John B. Agnetti 2/28/2002 (30) 653-585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/01)