

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07137

1. Entity Name

ASHMONT CONDOMINIUM E ASSOCIATION, INC.

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90177 023 ****61.25

Principal Place of Business

M BROWARD, INC.
773 ROCK ISLAND RD
LAUDERHILL FL 33319
US

Mailing Address

MWI BROWARD, INC.
4373 ROCK ISLAND RD
LAUDERHILL FL 33319
US

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 59-2484582

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

STEINBERG, CHARLES
C/O MWI/CAMPBELL
4373 ROCK ISLAND ROAD
LAUDERHILL FL 33319

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 *Charles Steinberg*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1/24/02

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 TO
NAME ZIONTZ, LEE ☐ Delete
STREET ADDRESS 7468 ASHMONT CIR
CITY-ST-ZIP TAMARAC FL

TITLE SD
NAME STEINBERG, CHARLES ☐ Delete
STREET ADDRESS 7456 ASHMONT CIRCLE
CITY-ST-ZIP TAMARAC FL 33321

TITLE VD
NAME FARLEY, JOHN ☐ Delete
STREET ADDRESS 7400 ASHMONT CIRCLE
CITY-ST-ZIP TAMARAC FL

TITLE VD
NAME ROCKOFF, STELLA ☐ Delete
STREET ADDRESS 7438 ASHMONT CIRCLE
CITY-ST-ZIP TAMARAC FL

TITLE PD
NAME KLEIMAN, LEO ☐ Delete
STREET ADDRESS 7440 ASHMONT CIRCLE
CITY-ST-ZIP TAMARAC FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: *Leo Kleiman* **REQUIRE KLEIMAN PD** 1/24/02 746-6766

CR2E037 (9/01)