## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N07753** 1. Entity Name CYPRESS REACH AT PALM-AIRE ONE CONDOMINIUM ASSOC

Mar 13, 2000 8:00 am Secretary of State 03-13-2000 90024 038 \*\*\*\*61.25

Principal Place of Business Mailing Address

| C/O MWI 3500 GATEWAY DR STE 202 POMPANO BCH FL 33069 US 2. Principal Place of Business   |   | C/O MWI 3500 GATEWAY DR<br>202<br>POMPANO BCH FL 33069<br>US<br>3. Mailing Address |   |   |                                     |                                     |                         |
|--|---|--|---|---|-------------------------------------|-------------------------------------|-------------------------|
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   | 1 10 341101                               | DO NOT WRITE IN TH                  |                                     |                         |
| City & State   |   | City & State   |   | 4. FEI Numbe                              | 59-2515252                          |                                     | olied For<br>Applicable |
| Zip  | Country   | Zip  | Country   | 5. Certificate                            | of Status Desired                   | \$8.75 Add                          | itional                 |
|  | 6. Name and Address of Current  | Registered Agent   |   | 7. Name and                               | Address of New Registere            | d Agent                             |                         |
| WEINGART, RUMIN<br>3500 GATEWAY DRIVE #202<br>POMPANO BCH FL 33069   |   | Name   |   |   | •                                   |                                     |                         |
|  |   |  |   | fress (P.O. Box Number is Not Acceptable) |                                     |                                     |                         |
|  |   |  |   |   |                                     |                                     |                         |
|  |   |  | City  |   | F                                   | Zip Code                            | )                       |
| 8 The above  | named entity submits this statement for   | or the purpose of changing its   | registered office or r  | egistered agent, or bot                   |                                     |                                     |                         |
| SIGNATURE _  | Signature, typed or printed name of registered agent  | 9. Election Campaign   |   | \$5.00 May Be                             |                                     | k Payable to                        |                         |
|  | FEE IS \$61.25  | Trust Fund Contribu  | ution.  | Added to Fees                             | , Departme                          | ent of State                        |                         |
| 10.  | OFFICERS AND DI   | RECTORS:   | 11.   | ADDITIONS/CH                              | ANGES TO OFFICERS AND               | DIRECTORS IN                        | 10                      |
| TITLE  | VPSD  | 🖾 Delete   | TITLE   |   |                                     | ☐ Change                            | ☐ Addition              |
| NAME   | FLADELL, MARC   |  | name<br>Street address  |   |                                     |                                     |                         |
| STREET ADDRESS<br>CITY-ST-ZIP  | 3500 GATEWAY DR #202  |  | CITY-ST-ZIP   |   |                                     |                                     | Ì                       |
| TITLE  | POMPANO BCH FL 33069<br>PD  | <del></del>  |   |   |                                     |                                     |                         |
| NAME   |   | Delete   | TITLE   |   |                                     |                                     | ☐ Addition              |
|  | · =   | Delete   | TITLE<br>NAME   |   |                                     | Change                              | ☐ Addition              |
| STREET ADDRESS   | WEINGART, RUVIN<br>3500 GATEWAY DR #202   | ☐ Delete   | NAME<br>STREET ADORESS  | -   |                                     | Change                              | ☐ Addition              |
|  | WEINGART, RUVIN   |  | NAME<br>STREET ADORESS<br>CITY-ST-ZIP   | c m                                       |                                     |                                     |                         |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE   | WEINGART, RUVIN<br>3500 GATEWAY DR #202<br>POMPANO BCH FL 33069<br>TD   | ☐ Delete ☐ Delete  | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD                                       |                                     | ☐ Change                            | Addition Addition       |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME   | WEINGART, RUVIN 3500 GATEWAY DR #202 POMPANO BCH FL 33069 TD SOLIS-HARRIS, PETER  |  | NAME<br>STREET ADORESS<br>CITY-ST-ZIP   | STD                                       |                                     |                                     |                         |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE   | WEINGART, RUVIN 3500 GATEWAY DR #202 POMPANO BCH FL 33069 TD SOLIS-HARRIS, PETER 3500 GATEWAY DR, #202  |  | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | STD                                       |                                     |                                     |                         |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS   | WEINGART, RUVIN 3500 GATEWAY DR #202 POMPANO BCH FL 33069 TD SOLIS-HARRIS, PETER  |  | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | STD                                       |                                     |                                     |                         |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | WEINGART, RUVIN 3500 GATEWAY DR #202 POMPANO BCH FL 33069 TD SOLIS-HARRIS, PETER 3500 GATEWAY DR, #202 POMPANO BCH FL 33069 D GELLERMAN, WILLIAM                      | ☐ Delete   | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  |   |                                     | <b>₹</b> ) Change                   | ☐ Addition              |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | WEINGART, RUVIN 3500 GATEWAY DR #202 POMPANO BCH FL 33069 TD SOLIS-HARRIS, PETER 3500 GATEWAY DR, #202 POMPANO BCH FL 33069 D GELLERMAN, WILLIAM 3500 GATEWAY DR #202 | ☐ Delete   | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   |   |                                     | <b>₹</b> ) Change                   | ☐ Addition              |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP   | WEINGART, RUVIN 3500 GATEWAY DR #202 POMPANO BCH FL 33069 TD SOLIS-HARRIS, PETER 3500 GATEWAY DR, #202 POMPANO BCH FL 33069 D GELLERMAN, WILLIAM                      | ☐ Delete ☐ Delete  | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VPD                                       |                                     | ₹ Change                            | Addition Addition       |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE   | WEINGART, RUVIN 3500 GATEWAY DR #202 POMPANO BCH FL 33069 TD SOLIS-HARRIS, PETER 3500 GATEWAY DR, #202 POMPANO BCH FL 33069 D GELLERMAN, WILLIAM 3500 GATEWAY DR #202 | ☐ Delete   | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE   | VPD<br>D                                  | ine                                 | ★ Change ★ Change                   | ☐ Addition              |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME  | WEINGART, RUVIN 3500 GATEWAY DR #202 POMPANO BCH FL 33069 TD SOLIS-HARRIS, PETER 3500 GATEWAY DR, #202 POMPANO BCH FL 33069 D GELLERMAN, WILLIAM 3500 GATEWAY DR #202 | ☐ Delete ☐ Delete  | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE   | VPD<br>D                                  | ine<br>ss Reach Cou                 | ★ Change ★ Change                   | Addition Addition       |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE   | WEINGART, RUVIN 3500 GATEWAY DR #202 POMPANO BCH FL 33069 TD SOLIS-HARRIS, PETER 3500 GATEWAY DR, #202 POMPANO BCH FL 33069 D GELLERMAN, WILLIAM 3500 GATEWAY DR #202 | ☐ Delete ☐ Delete  | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | VPD  D Kaye, Hela 3993, Cypre             | ine<br>ss Reach Cou<br>ach, F1. 330 | ★ Change  ★ Change                  | Addition Addition       |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | WEINGART, RUVIN 3500 GATEWAY DR #202 POMPANO BCH FL 33069 TD SOLIS-HARRIS, PETER 3500 GATEWAY DR, #202 POMPANO BCH FL 33069 D GELLERMAN, WILLIAM 3500 GATEWAY DR #202 | ☐ Delete ☐ Delete  | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | VPD  D Kaye, Hela 3993, Cypre             |                                     | ★ Change  ★ Change                  | Addition Addition       |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | WEINGART, RUVIN 3500 GATEWAY DR #202 POMPANO BCH FL 33069 TD SOLIS-HARRIS, PETER 3500 GATEWAY DR, #202 POMPANO BCH FL 33069 D GELLERMAN, WILLIAM 3500 GATEWAY DR #202 | Delete  Delete   | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD  D Kaye, Hela 3993, Cypre             |                                     | X Change  X Change  □ Change  rt 69 | Addition  Addition      |

I nereby 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 of the corporation of the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR