

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N11573**

1. Entity Name

VIZCAYA AT PALM-AIRE ASSOCIATION, INC.**FILED**
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90242 018 ****61.25

Principal Place of Business

Mailing Address

**3500 GATEWAY DR
STE 202
POMPANO BEACH FL 33069****3500 GATEWAY DR
STE 202
POMPANO BEACH FL 33069****00060183**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2710019

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CALATCHI, RALPH DR.
3500 GATEWAY DR
STE 202
POMPANO BEACH FL 33069**

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
After September 12, 2001, min. will be \$236.259. 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	PD	<input type="checkbox"/> Delete
NAME	CALATCHI, R. DR.	
STREET ADDRESS	1280 S.W. 36TH AVE. STE. #301	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	HERTZ, JOHN	
STREET ADDRESS	1280 S.W. 36TH AVE. STE. #301	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	TD	<input type="checkbox"/> Delete
NAME	DROZ, ROBERT	
STREET ADDRESS	3500 GATEWAY DR., STE 202	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	VP	<input type="checkbox"/> Delete
NAME	BIAFORA, MARTIN	
STREET ADDRESS	3500 GATEWAY DR., STE 202	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, CONRAD	
STREET ADDRESS	3500 GATEWAY DR., STE 202	
CITY-ST-ZIP	POMPANO BCH FL 33069	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUTTERMAN, ROBERT	
STREET ADDRESS	3500 GATEWAY DRIVE STE 202	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAC KLEIN	
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		
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 REQUIRED

CR2E037 (5/01)