


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90008 020 \*\*\*\*61.25

DOCUMENT # **N15230**  
1. Entity Name  
**ASLOT, PROPERTY OWNERS ASSN**



**DO NOT WRITE IN THIS SPACE**

**44049831**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**Arcam South, Inc**  
Suite, Apt. #, etc.  
**110**

3. Mailing Address  
**6421 Congress Ave**  
Suite, Apt. #, etc.

City & State  
**Boca Raton FL**

Zip  
**33487**

Country  
**USA**

4. FEI Number  
**592734199**

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Arcam South, Inc**

Street Address (P.O. Box Number is Not Acceptable)  
**6421 Congress Ave Ste 110**

City  
**Boca Raton, FL** Zip  
**33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]** DATE **7/19/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Lloyd Fetner 6421 Congress Ave. Ste 110 Boca Raton, FL 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Herman Fishbein 6421 Congress Ave. Ste 110 Boca Raton, FL 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Jack Binkberg 6421 Congress Ave Ste 110 Boca Raton FL 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary/Treasurer Louise Galperin 6421 Congress Ave, Ste 110 Boca Raton, FL 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE: **[Signature]** **LLOYD FETNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037B (12/02)