

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90092 037 ****61.25

DOCUMENT # N24191

1. Entity Name

MYSTIC POINTE MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3595 MYSTIC POINTE DRIVE
 AVENTURA FL 33180**

**3595 MYSTIC POINTE DRIVE
 AVENTURA FL 33180-2553**

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

65-0023891

Applied For

Not Applicable

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

**MICHAEL HYMAN
 HYMAN & KAPLAN
 44 WEST FLAGLER STREET
 MIAMI FL 33130**

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)

1/31/00
 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	D	<input type="checkbox"/> Delete
NAME	BARNETT, STANLEY	
STREET ADDRESS	3400 NE 192ND ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LONDON, RONALD	
STREET ADDRESS	3530 MYSTIC POINTE DR	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FISHMAN, HERB	
STREET ADDRESS	3530 MYSTIC POINTE DR	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	NOVICK, ROBERT	
STREET ADDRESS	3600 MYSTIC POINTE DR	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LESAVOY, TED	
STREET ADDRESS	19101 MYSTIC POINTE DR	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEPPS, DAVID	
STREET ADDRESS	19195 MYSTIC POINT DR	
CITY-ST-ZIP	AVENTURA FL 33180	

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		
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/00

Date

Daytime Phone #

CR2E037 (9/99)