

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28374

1. Entity Name

MEDITERRANEAN VILLAGE CONDOMINIUM NO.TWO ASSOCIA

Principal Place of Business

3700 ISLAND BLVD  
NORTH MIAMI BEACH FL 33160-4914  
US

Mailing Address

3700 ISLAND BLVD  
NORTH MIAMI BEACH FL 33160-4914  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
AVENTURA, FL 33160

City & State  
AVENTURA, FL 33160

Zip Country

Zip Country

4. FEI Number  
65-0093317

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

SKRLD, INC.  
201 ALHAMBRA CIR  
UNIT 1102  
CORAL GABLES FL 33134

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

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 PD ☐ Delete  
NAME ARNOWITZ, DAVID  
STREET ADDRESS 3700 ISLAND BLVD  
CITY-ST-ZIP NORTH MIAMI BEACH FL

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

TITLE D ☐ Delete  
NAME ROBINSON, EDWARD  
STREET ADDRESS 3700 ISLAND BLVD  
CITY-ST-ZIP NORTH MIAMI BEACH FL

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

TITLE STD ☐ Delete  
NAME BLACK, SHIRLEY  
STREET ADDRESS 3700 ISLAND BLVD.  
CITY-ST-ZIP N MIAMI BEACH FL

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

TITLE VP ☐ Delete  
NAME CARROLL, ROSEANN  
STREET ADDRESS 3700 ISLAND BLVD  
CITY-ST-ZIP N. MIAMI BEACH FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSE ANN CARROLL 4/26/01 305 937-7898

Date

Daytime Phone #

FILED  
May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90058 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)