

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90085 005 \*\*\*\*61.25

**DOCUMENT # N29472**

1. Entity Name

**3000 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

**3000 ISLAND BLVD  
WILLIAMS ISLAND  
AVENTURA FL 33160**

Mailing Address

**3000 ISLAND BLVD  
WILLIAMS ISLAND  
AVENTURA FL 33160**

600000

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0090625**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SKRLD, INC  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EPSTEIN, AL	
STREET ADDRESS	3000 ISLAND BLVD., #502	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	P	<input type="checkbox"/> Delete
NAME	DIAMOND, ROBERT	
STREET ADDRESS	3000 ISLAND BLVD STE 1806	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWARTE, RAE	
STREET ADDRESS	3000 ISLAND BLVD STE 2603	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SILVERMAN, MARC	
STREET ADDRESS	3000 ISLAND BLVD STE 2205	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHNEIDER, RUEBEN	
STREET ADDRESS	3000 ISLAND BLVD #604	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, GERALD	
STREET ADDRESS	3000 ISLAND BLVD #1903	
CITY-ST-ZIP	AVENTURA FL 33160	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERBERT STERN	
STREET ADDRESS	3000 ISLAND BLVD. #1202	
CITY-ST-ZIP	AVENTURA, FL. 33160	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD SLAVIN	
STREET ADDRESS	3000 ISLAND BLVD #TH03	
CITY-ST-ZIP	AVENTURA, FL. 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARVEY GELBER	
STREET ADDRESS	3000 ISLAND BLVD #804	
CITY-ST-ZIP	AVENTURA, FL. 33160	

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

Date

Daytime Phone #

CR2E037 (10/00)