

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90120 013 ****61.25

C0053188

DOCUMENT # **N30986**
 1. Entity Name
MYSTIC POINTE CONDOMINIUM
NB. TWO ASSOCIATION.

Principal Place of Business Mailing Address **19195**
19195 MYSTIC POINTE DR. MYSTIC POINTE DR.
AVENTURA FL 33180 AVENTURA FL 33180

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 **65-0176649** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
STEVEN WEINBERG
FRANK WEINBERG BLACK. PL.
7805 S.W. 6TH. COURT
PLANTATION FL. 33324

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 **STEVEN WEINBERG ESQ** DATE **4-16-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRES. <input type="checkbox"/> Delete
NAME	GRAY, JOEL
STREET ADDRESS	19195 MYSTIC PE. DRIVE
CITY-ST-ZIP	AVENTURA FL. 33180
TITLE	V.P. <input type="checkbox"/> Delete
NAME	SCHEPPS, DAVID JUDGE
STREET ADDRESS	19195 MYSTIC PE. DRIVE
CITY-ST-ZIP	AVENTURA FL. 33180
TITLE	SEC. <input type="checkbox"/> Delete
NAME	ARNOLD, JAMES DR.
STREET ADDRESS	19195 MYSTIC PE. DRIVE
CITY-ST-ZIP	AVENTURA FL. 33180
TITLE	TD. <input type="checkbox"/> Delete
NAME	NORMAN CHERNICK
STREET ADDRESS	19195 MYSTIC PE. DR.
CITY-ST-ZIP	AVENTURA FL. 33180
TITLE	D. <input type="checkbox"/> Delete
NAME	HELENE BRADY-YABLIN
STREET ADDRESS	19195 MYSTIC PE. DRIVE
CITY-ST-ZIP	AVENTURA FL. 33180
TITLE	D. <input type="checkbox"/> Delete
NAME	WINEKOFF, JACK
STREET ADDRESS	19195 MYSTIC PE DRIVE
CITY-ST-ZIP	AVENTURA FL. 33180

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, HAROLD DR.
STREET ADDRESS	19195 MYSTIC PE. DRIVE
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	
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:  DATE: **4-16-01** 305-932-9169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/00)