

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90166 017 ****61.25

DOCUMENT # N30986

1. Entity Name

MYSTIC POINTE CONDOMINIUM NO. TWO ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

**19195 MYSTIC POINT DR
 AVENTURA FL 33180
 US**

**19195 MYSTIC POINT DR
 AVENTURA FL 33180
 US**

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

7. Name and Address of New Registered Agent

**WEINBERG, STEVEN
 FRANK, WEINBERG, BLACK, P.L.
 7805 S.W. 6TH COURT
 PLANTATION FL 33324**

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	P	<input type="checkbox"/> Delete
NAME	GRAY, JOEL	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHEPPS, DAVID JUDGE	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TURNER, HAROLD DR	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NORMAN CHERNICK	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRADY, HELENE	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINEKOFF, JACK	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180	

TITLE	BROOKS, Bobbie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	19195 MYSTIC Pt. DR	
STREET ADDRESS	AVENTURA 33180	D
CITY-ST-ZIP		
TITLE	ROJAS, CANDY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	19195 MYSTIC Pt. DR.	
STREET ADDRESS	AVENTURA FL 33180	D
CITY-ST-ZIP		
TITLE	ARNOLD, JAMES DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	19195 MYSTIC Pt. DR.	
STREET ADDRESS	AVENTURA FL 33180	D
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:

[Handwritten Signature]

NO SIGNATURE REQUIRED

2-8/02.

CR2E037 (9/01)