

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90362 035 \*\*\*\*61.25

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**DOCUMENT # N30986**

1. Entity Name  
**MYSTIC POINTE CONDOMINIUM NO. TWO ASSOCIATION, I NC.**

Principal Place of Business  
**19195 MYSTIC POINT DR  
AVENTURA FL 33180  
US**

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

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 **65-0176649** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**WEINBERG, STEVEN  
FRANK, WEINBERG, BLACK, P.L.  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GRAY, JOEL</b> <input type="checkbox"/> Delete <b>19195 MYSTIC POINTE DRIVE AVENTURA FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SCHEPPE, DAVID JUDGE</b> <input type="checkbox"/> Delete <b>19195 MYSTIC POINT DRIVE AVENTURA FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC.</b> <b>SCHEPPE, DAVID JUDGE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>19195 MYSTIC PT. DRIVE AVENTURA FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROOKS, BOBIE</b> <input type="checkbox"/> Delete <b>19195 MYSTIC PT DR AVENTURA FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>BROOKS, BOBBIE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>19195 MYSTIC PT. DRIVE AVENTURA FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>NORMAN CHERNICK</b> <input type="checkbox"/> Delete <b>19195 MYSTIC POINTE DRIVE AVENTURA FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAJAS, CANDY</b> <input checked="" type="checkbox"/> Delete <b>19195 MYSTIC POINTE DRIVE AVENTURA FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>PRIGAL, HARRIET</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>19195 MYSTIC PT DR AVENTURA FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WINEKOFF, JACK</b> <input type="checkbox"/> Delete <b>19195 MYSTIC POINTE DRIVE AVENTURA FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OF REGISTERED AGENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

CR2E037 (10/02)