

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90298 010 ****61.25

DOCUMENT # N32058

1. Entity Name

CARRIAGE CLUB SOUTH CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

5001 COLLINS AVE
 MIAMI BCH FL 33140

5001 COLLINS AVE
 MIAMI BCH FL 33140-2741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0124848

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRS MANAGEMENT OF BROWARD, INC.
4431 SW 64 AVE., #113
DAVIE FL 33314-3413

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	KATZ, LESLIE	
STREET ADDRESS	5001 COLLINS AVE 3B	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SOLOMON, MAX	
STREET ADDRESS	5001 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEISS, HARRIETT	
STREET ADDRESS	5001 COLLINS AVE 2C	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, DAVID	
STREET ADDRESS	5001 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUTTMANN, EUGENE	
STREET ADDRESS	5001 COLLINS AVE 10F	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINKLER, THOMAS	
STREET ADDRESS	5001 COLLINS AVE 12F	
CITY-ST-ZIP	MIAMI BCH FL 33140	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Eugene Gutman* **EUGENE GUTMAN** 4/26/00 ⁽³⁰⁵⁾ 864-7370