

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

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DOCUMENT # N32058

1. Entity Name

**CARRIAGE CLUB SOUTH CONDOMINIUM ASSOCIATION, INC**

04-30-2001 90044 038 \*\*\*\*61.25

Principal Place of Business

5001 COLLINS AVE  
 MIAMI BCH FL 33140

Mailing Address

5001 COLLINS AVE  
 MIAMI BCH FL 33140

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

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

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 Firm  
 Trust Fund Contribution

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**SINGER, GINA**  
**5001 COLLINS AVE # 5J**  
**MIAMI BEACH FL 33140**

Change  Addition

10. OFFICERS AND DIRECTORS

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**PD**  
**KRITZ, KARL**  
**5001 COLLINS AVE # 15D**  
**MIAMI BEACH FL 33140**

**VP D**  
**ACCEITA, ANTHONY**  
**5001 COLLINS AVE # 15E**  
**MIAMI BEACH FL 33140**

**SD**  
**KOVAL, ESTHER**  
**5001 COLLINS AVE # 2B**  
**MIAMI BEACH FL 33140**

**TD**  
**HORNSTEIN, BEATRICE**  
**5001 COLLINS AVE # 9K**  
**MIAMI BEACH FL 33140**

**D**  
**GUEVENTER, ROBERTO**  
**5001 COLLINS AVE # 12E**  
**MIAMI BEACH FL 33140**

**D**  
**KEESAN UNDA**  
**5001 COLLINS AVE # PH 4**  
**MIAMI BEACH FL 33140**

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  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:

*Beatrice Hornstein*  
**BEATRICE HORNSTEIN**

**4-11-2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)