

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32333

1. Entity Name

PIERPOINTE FIVE, CONDOMINIUM III ASSOCIATION, IN

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90058 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

11900-C NW 11TH STREET  
 PEMBROKE PINES FL 33026

11900-C NW 11TH STREET  
 PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0199544

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

RUBINSTEIN, ROBERT ESQ  
 3111 STIRLING ROAD  
 FT LAUD FL 33312

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          | PD-SD                   | <input type="checkbox"/> Delete            |
| NAME           | VEIRA, SHIRLEY A.       |  |
| STREET ADDRESS | 11900-C NW 11TH ST      |  |
| CITY-ST-ZIP    | PEMBROKE PINES FL       |  |
| TITLE          | TD                      | <input type="checkbox"/> Delete            |
| NAME           | DONOVAN, KATHLEEN       |  |
| STREET ADDRESS | 11872 NW 11 ST          |  |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33026 |  |
| TITLE          | SD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | WEBBER, MELISSA         |  |
| STREET ADDRESS | 11874 NW 11 STREET      |  |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33026 |  |
| TITLE          | PD                      | <input type="checkbox"/> Delete            |
| NAME           | BRADLEY, MARY R         |  |
| STREET ADDRESS | 1856 NW 11 STREET       |  |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33026 |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | SD                   | <input checked="" 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 | 11856 N.W. 11 Street |  |
| 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: *Mary R. Bradley* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 24, 2000* 954-433-9443

Date

Daytime Phone #

CR2E037 (9/99)