

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90224 041 ****61.25

DOCUMENT # N35724

1. Entity Name

MYSTIC POINTE CONDOMINIUM NO. THREE ASSOCIATION,

Principal Place of Business

Mailing Address

19101 MYSTIC POINTE DRIVE
 TOWER 200
 AVENTURA FL 33180
 US

19101 MYSTIC POINTE DRIVE
 TOWER 200
 AVENTURA FL 33180-4512
 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

65-0160847

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REINHARD, SANFORD N.
2875 NORTHEAST 191ST STREET
SUITE 404
NORTH MIAMI BEACH FL 33180

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

41299

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** Delete
 NAME **SEMEL, HAROLD**
 STREET ADDRESS **19101 MYSTIC PT DR, #1901**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **DIRECTOR** Change Addition
 NAME **JOYCE FOX**
 STREET ADDRESS **19101 MYSTIC PT DR, 612**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **VP** Delete
 NAME **LOWINGER, LEONARD**
 STREET ADDRESS **19101 MYSTIC PT DR, #2407**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **MARLOWE, MIRIAM**
 STREET ADDRESS **19101 MYSTIC POINTE 2806**
 CITY-ST-ZIP **N. MIAMI BCH FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **FELDMAN, ARNOLD**
 STREET ADDRESS **19101 MYSTIC POINTE 1101**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FREEMAN, MAURICE**
 STREET ADDRESS **19101 MYSTIC POINTE DRIVE #2501**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GREENFEDER, SAM**
 STREET ADDRESS **19101 MYSTIC PORT DRIVE #506**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change 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:

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

1-13-00

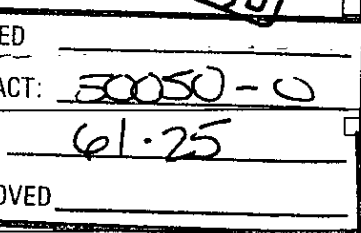
305933-9047

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE



CR2E037 (9/99)