

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90052 042 ****61.25

UBR/2002

DOCUMENT # N35724

1. Entity Name

MYSTIC POINTE CONDOMINIUM NO. THREE ASSOCIATION, INC.

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
 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



DO NOT WRITE IN THIS SPACE

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

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	SEMEL, HAROLD	
STREET ADDRESS	19101 MYSTIC PT DR, #1901	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOWINGER, LEONARD	
STREET ADDRESS	19101 MYSTIC PT DR, #2407	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARLOWE, MIRIAM	
STREET ADDRESS	19101 MYSTIC POINTE 2806	
CITY-ST-ZIP	N. MIAMI BCH FL 33180	
TITLE	T	<input type="checkbox"/> Delete
NAME	FELDMAN, ARNOLD	
STREET ADDRESS	19101 MYSTIC POINTE 1101	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOX, JOYCE	
STREET ADDRESS	19101 MYSTIC POINTE DRIVE #2501	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENFEDER, SAM	
STREET ADDRESS	19101 MYSTIC PORT DRIVE #506	
CITY-ST-ZIP	AVENTURA FL 33180	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Maurice Freeman	
STREET ADDRESS	19101 MYSTIC PT. DR. 2101	
CITY-ST-ZIP	AVENTURA, FL. 33180	
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		
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:

Harold Semel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1-20-02 305
 Daytime Phone #: 933-5042

CR2E037 (9/01)