2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N35724

1. Entity Name

MYSTIC POINTE CONDOMINIUM NO. THREE ASSOCIATION. INC.



Jan 31, 2003 8:00 am **Secretary of State**

01-31-2003 90134 040 ****61.25

FILED

Principal Place of Business Mailing Address 19101 MYSTIC POINTE DRIVE 19101 MYSTIC POINTE DRIVE TOWER 200 TOWER 200 **AVENTURA FL 33180 AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0160847 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REINHARD, SANFORD N. Street Address (P.O. Box Number is Not Acceptable) 2875 NORTHEAST 191ST STREET SUITE 404 NORTH MIAMI BEACH FL 33180 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE ☐ Delete Change SEMEL HAROLD SEMEL. HAROLD NAME NAME SAWE ADDRESS 19101 MYSTIC PT DR, #1901 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** TITLE ☐ Delete TITLE ☐ Change Addition LOWINGER, LEONARD NAME NAME 19101 MYSTIC PT DR. #2407 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE MARLOWE, MIRIAM NAME NAME 19101 MYSTIC POINTE 2806 STREET ADDRESS STREET ADDRESS CITY-ST-7IP N. MIAMI BCH FL 33180 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FELDMAN, ARNOLD NAME NAME STREET ADDRESS 19101 MYSTIC POINTE 1101 STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition FOY, JOYCE

5AME AND RESS

DAVIS BARRY Change Change A

1.9101 MYSHC PORME DR. # 3/08 FOX. JOYCE NAME NAME 19101 MYSTIC POINTE DRIVE #2501 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** TITLE Delete TITLE ☐ Addition GREENFEDER, SAM NAME NAME 19101 MYSTIC PORT DRIVE #506 STREET ADDRESS STREET ADDRESS ALGORA CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180**

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 others like empowered.

SIGNATURE: