

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90025 029 ****61.25

0049961

DOCUMENT # N38208
 1. Entity Name
C.B.J. OF NORTH MIAMI BEACH, INC.

Principal Place of Business 1200 NE MIAMI GARDENS N MIAMI BEACH FL 33179 US	Mailing Address 1200 NE MIAMI GARDENS N MIAMI BEACH FL 33179 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
	APT # 209



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**HOROWITZ, PHYLLIS
 1200 NE MIAMI GARDENS DR.
 N MIAMI BCH FL 33179**

7. Name and Address of New Registered Agent
 Name **RICHARD FRAND**
 Street Address (P.O. Box Number is Not Acceptable)
**1300 NE MIAMI GARDENS DR
 APT 313**
 City **N MIAMI BCH** FL Zip Code **33179**

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 *Richard Frand - Secy* DATE **3-19-2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DANZIGER, MICHAEL 1200 NE MIAMI GARDENS DR. N MIAMI BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SINGER, SOL 1200 NE MIAMI GARDENS DR. N MIAMI BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOROWITZ, PHYLLIS 1200 MIAMI GARDENS DRIVE N MIAMI BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERKOW, SOL 1300 MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D SOL GERKOW 1300 NE MIAMI GARDENS DR N MIAMI BEACH FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D RICHARD FRAND 1300 NE MIAMI GARDENS DR N MIAMI BEACH FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM MORGANSTERN 1300 NE MIAMI GARDENS DR N MIAMI BEACH FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard Frand* **RICHARD FRAND** DATE: **3-19-2001** DAYTIME PHONE #: **(305) 949-9913**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)