

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90125 004 ***61.25

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

DOCUMENT # N39471

1. Entity Name
MYSTIC POINTE TOWER 400 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
3500 MYSTIC POINTE DRIVE
AVENTURA FL 33180

Mailing Address
3500 MYSTIC POINTE DRIVE
AVENTURA FL 33180

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

30044647



CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0205274 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THE CONTINENTAL GROUP LTD
2950 N 28 TERRACE
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
Name SKRLD, Inc.
Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle, Suite 1102
City Coral Gables FL Zip Code 33134

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 SKRLD, Inc. by Lisa A. Lerner, Secretary 3/7/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME WINTERMAN, GENE STREET ADDRESS 3500 MYSTIC POINTE DR. 3407 CITY-ST-ZIP AVENTURA FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME SAPERSTEIN, IRVING STREET ADDRESS 3500 MYSTIC POINTE DR #4108 CITY-ST-ZIP AVENTURA FL 33180	<input type="checkbox"/> Delete	TITLE Treasurer NAME Theodore Healy STREET ADDRESS 3500 Mystic Pointe Drive, Unit 3201 CITY-ST-ZIP Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME GAN, MAURICE STREET ADDRESS 3500 MYSTIC POINTE DR. 1408 CITY-ST-ZIP AVENTURA FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME FEINSTEIN, HONEY STREET ADDRESS 3500 MYSTIC PT. DRIVE #2808 CITY-ST-ZIP AVENTURA FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LEDERMAN, MARILYN STREET ADDRESS 3500 MYSTIC POINTE DR. 307 CITY-ST-ZIP AVENTURA FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE President NAME EZRI, MARTY STREET ADDRESS 3500 MYSTIC POINTE DRIVE, #1704 CITY-ST-ZIP AVENTURA FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CPRE037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] 3/11/03