

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41945

1. Entity Name

MYSTIC POINTE TOWER 500 CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90004 024 \*\*\*\*70.00

Principal Place of Business

Mailing Address

3530 MYSTIC POINTE DR.  
~~NORTH MIAMI BEACH FL 33180~~  
**AVENTURA**

3530 MYSTIC POINTE DR.  
~~NORTH MIAMI BEACH FL 33180-4541~~  
**AVENTURA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**AVENTURA**

City & State  
**AVENTURA**

4. FEI Number **65-0036720**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

SKRLD, INC.  
 201 ALHAMBRA CIRCLE  
 SUITE 1102  
 CORAL GABLES FL 33134

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.  **\$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	PD	<input type="checkbox"/> Delete
NAME	HAL HERMAN	
STREET ADDRESS	3530 MYSTIC POINTE DR. #401	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLICKMAN, MORRIS	
STREET ADDRESS	3530 MYSTIC POINTE DR. #702	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HERB KAPLOW	
STREET ADDRESS	3530 MYSTIC POINTE DR #1402	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MADSEN, KAREN	
STREET ADDRESS	3530 MYSTIC POINTE DR. #409	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HERB, FISHMAN	
STREET ADDRESS	3530 MYSTIC POINTE DR #1715	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, ROBERT	
STREET ADDRESS	3530 MYSTIC POINTE DR. #710	
CITY-ST-ZIP	AVENTURA FL 33180	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin Cohen	
STREET ADDRESS	3530 mystic Pointe Dr.	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A Carrillo	
STREET ADDRESS	3530 mystic Pointe Dr.	
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		

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 V.P. 1/10/2000 305-935-6953  
Signature, typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (9/99)