

MPT 600

PHONE NO. : 3059324165

FILED
May 02, 2000 8:00 am
Secretary of State

03-30-2000 90016 048 ****70.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43797

Entity Name

MYSTIC POINTE TOWER 600 CONDOMINIUM ASSOCIATION.

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 3400 N.E. 192ND STREET AVENTURA FL 33180 | 3400 N.E. 192ND STREET AVENTURA FL 33180-2482 |



DO NOT WRITE IN THIS SPACE

| | | | |
|-----------------------------|---------------------|-----|---------|
| Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0276144 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

6. Name and Address of Current Registered Agent

SIEGFRIED, STEVEN M. (ATTORNEY)
SUITE 1102
201 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW
FEE IS \$6125

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: SD NAME: WEINBERGER, MORTON STREET ADDRESS: 3400 NE 192 ST #1809 CITY-ST-ZIP: AVENTURA FL | <input type="checkbox"/> Delete | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| TITLE: VD NAME: MARTEL MARTIN STREET ADDRESS: 3400 NE 192ND ST #112 CITY-ST-ZIP: AVENTURA FL 33180 | <input checked="" type="checkbox"/> Delete DELETE | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| TITLE: VP NAME: SILVERSTEIN, FRED STREET ADDRESS: 3400 NE 192ND ST., UNIT 612 CITY-ST-ZIP: AVENTURA FL | <input type="checkbox"/> Delete | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| TITLE: P NAME: TOME, CLAUDIO STREET ADDRESS: 3400 NE 192ND ST #1208 CITY-ST-ZIP: AVENTURA FL | <input type="checkbox"/> Delete | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| TITLE: T NAME: BLACHMAN, GUSTAVO STREET ADDRESS: 3400 NE 192ND ST #605 CITY-ST-ZIP: AVENTURA FL 33180 | <input type="checkbox"/> Delete | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> Delete 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]* **HERNAN L WEINBERGER** 3-16-00 (2-4) 932-116