

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90206 008 \*\*\*\*61.25

**DOCUMENT # N43797**

1. Entity Name

**MYSTIC POINTE TOWER 600 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

3400 N.E. 192ND STREET  
 AVENTURA FL 33180

Mailing Address

3400 N.E. 192ND STREET  
 AVENTURA FL 33180

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0276144

Applied For

Not Applicable

5. Certificate of Status Desired

**\$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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VPD	WEINBERBER, MORTON	3400 NE 192 ST #1809	AVENTURA FL	<input type="checkbox"/>
VPD	SILVERSTEIN, FRED	3400 NE 192ND ST., UNIT 612	AVENTURA FL	<input type="checkbox"/>
VPD	TOME, CLAUDIO	3400 NE 192ND ST #1208	AVENTURA FL	<input type="checkbox"/>
TD	BURRY, JOHN	3400 NE 752 STREET #907	AVENTURA FL 33186	<input checked="" type="checkbox"/>
TD-TAYLOR, BRIAN		3400 N.E. 192ND AVE. 204	AVENTURA, FL 33180	<input type="checkbox"/>
SHAYES, JAMES P.		3400 N.E. 192ND AVE. 505	AVENTURA, FL 33180	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

*Morton L. Weinberger* 1/9/02 (200) 938-1165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)