

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47645

1. Entity Name

FOREST TRACE RESIDENTS ASSOCIATION, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90109 022 ****61.25

Principal Place of Business

5500 N.W. 69TH AVE
APT 431
LAUDERHILL FL 33319
US

Mailing Address

5500 N.W. 69TH AVE
APT 431
LAUDERHILL FL 33319-7232
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0342668

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

ABRAMS, MARY K
5500 N.W. 69TH AVE
APT 431
LAUDERHILL FL 33319

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

Mary K. Abrams

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME ZITZER, ESTHER
STREET ADDRESS 5500 NW 69 AVE #226
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE VP ☐ Change ☒ Addition
NAME CHEIFETZ, ANNETTE
STREET ADDRESS 5500 NW 69 AVE #467
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE D ☒ Delete
NAME ISRAELROW, PAUL
STREET ADDRESS 5500 NW 69 AVE #361
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE D ☐ Change ☒ Addition
NAME GENIN, HARRY
STREET ADDRESS 5500 NW 69 AVE #481
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE D ☐ Delete
NAME HOCHBERG, IDA
STREET ADDRESS 5500 NW 69 AVE #318
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE D ☐ Change ☒ Addition
NAME KAZER, ESTHER
STREET ADDRESS 5500 NW 69 AVE #351
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE D ☒ Delete
NAME FOGEL, GEORGE
STREET ADDRESS 5500 NW 69 AVE #562
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE S ☐ Change ☒ Addition
NAME CHERKIS, ROSE
STREET ADDRESS 5500 NW 69 AVE #251
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE D ☒ Delete
NAME BRILL, ADA
STREET ADDRESS 5500 NW 69 AVE #202
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE D ☐ Change ☒ Addition
NAME HURST, HERBERT
STREET ADDRESS 5500 NW 69 AVE #203
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE D ☒ Delete
NAME HOLTZ, ZARA
STREET ADDRESS 5500 N.W. 69TH AVE. 261
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE P/T ☐ Change ☒ Addition
NAME ABRAMS, MARY
STREET ADDRESS 5500 NW 69 AVE #431
CITY-ST-ZIP LAUDERHILL FL 33319

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:

Mary K. Abrams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00

(954) 746-0797

Date

Daytime Phone #

CR2E037 (9/99)