

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 08, 2002 8:00 am  
Secretary of State

02-08-2002 90002 020 \*\*\*\*61.25

**DOCUMENT # N47645**

1. Entity Name

**FOREST TRACE RESIDENTS ASSOCIATION, INC.**

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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0342668**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Kazer, Esther R.**

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

**5500 N.W. 69th Ave. Apt. 351**

City

**Lauderhill**

FL

Zip Code

**33319**

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 **Esther R. Kazer**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-19-02**

**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 **VP**  
NAME **CHEIFETZ, ANNETTE**  
STREET ADDRESS **5500 NW 69 AVE #467**  
CITY-ST-ZIP **LAUDERHILL FL 33319**

☐ Delete

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

☒ Delete

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

☒ Delete

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

☐ Delete

TITLE **P**  
NAME **KAZER, ESTHER**  
STREET ADDRESS **5500 NW 69TH AVE; #351**  
CITY-ST-ZIP **LAUDERHILL FL 33319**

☐ Delete

TITLE **S**  
NAME **GREENBERG, SARA**  
STREET ADDRESS **5500 NW 69TH AVE, #479**  
CITY-ST-ZIP **LAUDERHILL FL 33319**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  
NAME **Dikman, Beverly**  
STREET ADDRESS **5500 N.W. 69th Ave. # 201**  
CITY-ST-ZIP **Lauderhill, FL 33319**

☐ Change ☒ Addition

TITLE **D**  
NAME **Silverstein, Betty**  
STREET ADDRESS **5500 N.W. 69th Ave. # 509**  
CITY-ST-ZIP **Lauderhill, FL 33319**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

**Esther R. Kazer, President**

**1-19-02**

**954-747-1669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)