

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90103 042 ****66.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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 KAZER, ESTHER R 5500 N.W. 69TH AVE APT. 351 LAUDERHILL, FL 33319		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when returning) DATE _____			
FILE NOW - FEES \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	VP	☒ Delete	
NAME	CHEIFETZ, ANNETTE		
STREET ADDRESS	5500 NW 69 AVE #467		
CITY-ST-ZIP	LAUDERHILL, FL 33319		
TITLE	D	☐ Delete	
NAME	DIKMAN, BEVERLY		
STREET ADDRESS	5500 N.W. 69TH AVE #201		
CITY-ST-ZIP	LAUDERHILL, FL 33319		
TITLE	D	☐ Delete	
NAME	SILVERSTEIN, PEPPY		
STREET ADDRESS	5500 N.W. 69TH AVE #609		
CITY-ST-ZIP	LAUDERHILL, FL 33319		
TITLE	D	☐ Delete	
NAME	KAZER, ESTHER		
STREET ADDRESS	5500 NW 69 AVE #351		
CITY-ST-ZIP	LAUDERHILL, FL 33319		
TITLE	P	☒ Delete	
NAME	KAZER, ESTHER		
STREET ADDRESS	5500 NW 69TH AVE, #351		
CITY-ST-ZIP	LAUDERHILL, FL 33319		
TITLE	S	☒ Delete	
NAME	GREENBERG, SARA		
STREET ADDRESS	5500 NW 69TH AVE, #479		
CITY-ST-ZIP	LAUDERHILL, FL 33319		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	Co-P	☐ Change ☒ Addition	
NAME	DIKMAN, Beverly		
STREET ADDRESS	5500 N.W. 69th Ave #201		
CITY-ST-ZIP	LAUDERHILL, FL 33319		
TITLE	Co-P	☐ Change ☒ Addition	
NAME	Kazer Esther		
STREET ADDRESS	5500 N.W. 69th Ave #351		
CITY-ST-ZIP	LAUDERHILL, FL 33319		
TITLE	D	☐ Change ☒ Addition	
NAME	Lipert, Helen		
STREET ADDRESS	5500 N.W. 69th Ave. #234		
CITY-ST-ZIP	LAUDERHILL, FL 33319		
TITLE	D	☐ Change ☒ Addition	
NAME	Finkelstein, Irving		
STREET ADDRESS	5500 N.W. 69th Ave #378		
CITY-ST-ZIP	LAUDERHILL, FL 33319		
TITLE	D	☐ Change ☒ Addition	
NAME	Holtz, Zora		
STREET ADDRESS	5500 N.W. 69th Ave #261		
CITY-ST-ZIP	LAUDERHILL, FL 33319		
TITLE	D	☐ Change ☒ Addition	
NAME	Koenig, Gloria		
STREET ADDRESS	5500 N.W. 69th Ave #506		
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)(b), 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: <u>Esther R. Kazer - Co-President</u>		Date: <u>April 1, 2003</u> 954-747-1464	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0342663	
5. Certificate of Status Desired ☐				Applied For ☐	
\$8.75 Additional Fee Required				Not Applicable	
6. Name and Address of Current Registered Agent KAZER, ESTHER R 5500 N.W. 69TH AVE APT. 351 LAUDERHILL, FL 33319			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
(NOTE: Registered Agent's signature required when submitting)					
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME CHEIFETZ, ANNETTE STREET ADDRESS 6500 NW 69 AVE #467 CITY-ST-ZIP LAUDERHILL, FL 33319			TITLE D NAME Sally Kagan STREET ADDRESS 5500 N.W. 69th Ave # 276 CITY-ST-ZIP LAUDERHILL, FL 33319		
TITLE D NAME DINMAN, BEVERLY STREET ADDRESS 5500 N.W. 69TH AVE #201 CITY-ST-ZIP LAUDERHILL, FL 33319			TITLE D NAME Ray Lwerling STREET ADDRESS 5500 N.W. 69th Ave # 493 CITY-ST-ZIP LAUDERHILL, FL 33319		
TITLE D NAME SILVERSTEIN, PEPPY STREET ADDRESS 5500 N.W. 69TH AVE #509 CITY-ST-ZIP LAUDERHILL, FL 33319			TITLE D NAME Sara Goldman STREET ADDRESS 5500 N.W. 69th Ave #244 CITY-ST-ZIP LAUDERHILL, FL 33319		
TITLE D NAME KAZER, ESTHER STREET ADDRESS 6500 NW 69 AVE #351 CITY-ST-ZIP LAUDERHILL, FL 33319			TITLE D NAME Grace Sorkin #363 STREET ADDRESS 5500 N.W. 69th Ave CITY-ST-ZIP LAUDERHILL, FL 33319		
TITLE P NAME KAZER, ESTHER STREET ADDRESS 6500 NW 69TH AVE, #351 CITY-ST-ZIP LAUDERHILL, FL 33319			TITLE D NAME STREET ADDRESS CITY-ST-ZIP		
TITLE S NAME GREENBERG, SARA STREET ADDRESS 5500 NW 69TH AVE, #479 CITY-ST-ZIP LAUDERHILL, FL 33319			TITLE D 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 517, 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: <u>Beverly Schman</u> 4/1/03 954-742-3963					

90069209

☐ CHECK HERE IF MAKING CHANGES

CPRE037 (10/02)