

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005551

1. Entity Name

MARINA DEL REY ASSOCIATION, INC.

FILED

00 FEB -4 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3370 NE 190 TH ST  
ANNEX-MEZZANIE  
AVENTURA FL 33180  
US

225 MILLBURN AVE  
STE 202  
MILLBURN NJ 07041-1712  
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

65-0514340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEISS, SUZANNE Z  
115 SE 13TH STREET, SUITE C  
FT LAUDERDALE FL 33316

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME BERSON, MARC  
STREET ADDRESS 225 MILLBURN AVE, STE 202  
CITY-ST-ZIP MILLBURN NJ 07041 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200003128312-8  
-02/08/00-01124-013  
\*\*\*\*\*61.25 \*\*\*\*\*61.25 ☐ Change ☐

TITLE VPD  
NAME SCHNEIDERMAN, MITCHELL  
STREET ADDRESS 225 MILLBURN AVE STE 202  
CITY-ST-ZIP MILLBURN NJ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE SD  
NAME COLLINS, JOHN  
STREET ADDRESS 4000 OLD DIXIE HWY  
CITY-ST-ZIP ORMOND BCH FL 32174 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE TD  
NAME KUSHNER, MURRAY  
STREET ADDRESS 981 RTE 22  
CITY-ST-ZIP BRIDGEWATER NJ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE D  
NAME DOWNEY, KEITH  
STREET ADDRESS 212 S TRON ST, STE 500  
CITY-ST-ZIP CHARLOTTE NC 28287 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

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 changed, or on an attachment to an address, with all other like empowered.

SIGNATURE:

*Marc E. Berson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc E. Berson

973-476-4300

Date

Daytime Phone #