

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005551

1. Entity Name

MARINA DEL REY ASSOCIATION, INC.

FILED

Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90099 028 ****61.25

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
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

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 ☐ Change ☐ Addition

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 ☐ Addition

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 ☐ Addition

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

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

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 ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

913-467-4300 x 3144

Daytime Phone #

CR2E037 (9/01)