

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003131

1. Entity Name

THE POINT OF AVENTURA MAINTENANCE ASSOCIATION, I
NC

Principal Place of Business

Mailing Address

5555 ANGLERS AVE
STE 1
FORT LAUDERDALE FL 33312

5555 ANGLERS AVE
STE 1
FORT LAUDERDALE FL 33312

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

65-0536212

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

Name

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

City

FL

Zip Code

REGISTERED AGENTS OF FLORIDA, LLC
100 SE SECOND STREET
STE 3500
MIAMI FL 33131

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BURRIS, DAVID
5555 ANGLERS AVE STE 1
FORT LAUDERDALE FL 33312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
EDWARD BIRSIC
5555 ANGLERS AVE, STE. 1
FORT LAUDERDALE, FL 33312 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
TACHER, ROBERTA
5555 ANGLERS AVE STE 1
FORT LAUDERDALE FL 33312 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
GENTRY, MICHAEL
5555 ANGLERS AVE STE 1
FORT LAUDERDALE FL 33312 ☒ 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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD BIRSIC

1/9/02

981-420-1070

Date

Daytime Phone #

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90021 050 ****61.25



DO NOT WRITE IN THIS SPACE

0029-03

CR2E037 (9/01)