

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003134

1. Entity Name

ATLANTIC I AT THE POINT CONDOMINIUM ASSOCIATION.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90003 040 ****61.25

Principal Place of Business

20803 BISCAYNE BLVD
 SUITE 103
 AVENTURA FL 33180
 US

Mailing Address

20803 BISCAYNE BLVD
 SUITE 103
 AVENTURA FL 33180-1429
 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

65-0579499

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

WOLFE, LEON J
 100 SE SECOND ST
 35TH FLOOR, INTERNATIONAL PLACE
 MIAMI FL 33131

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 DV ☐ Delete
 NAME BORRIS, DAVID
 STREET ADDRESS 20803 BISCAYNE BLVD STE 103
 CITY-ST-ZIP AVENTURA FL 33180

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

TITLE DP ☐ Delete
 NAME TACHER, ROBERTA
 STREET ADDRESS 20803 BISCAYNE BLVD SUITE 103
 CITY-ST-ZIP AVENTURA FL 33180

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

TITLE DVST ☐ Delete
 NAME BIRSIC, EDWARD
 STREET ADDRESS 20803 BISCAYNE BLVD STE 103
 CITY-ST-ZIP AVENTURA FL 33180

TITLE DVST ☒ Change ☐ Addition
 NAME WHITEHURST, KATHY
 STREET ADDRESS 20803 BISCAYNE BLVD STE 103
 CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00 (305) 935-0255
 Date Daytime Phone #

CR2E037 (9/99)