## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 22, 2000 8:00 am Secretary of State DOCUMENT # **N94000003137** 1. Entity Name ATLANTIC II AT THE POINT CONDOMINIUM ASSOCIATION 02-22-2000 90019 001 \*\*\*\*61.25 Principal Place of Business Mailing Address 21150 POINT PL 21150 POINT PL OLUIUU AVENTURA FL 33180-4031 AVENTURA FL 33180 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE DELETE GULTE 103 DELETE City & State City & State 4. FEI Number Applied For 65-0665271 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent GLENN, ANDREW C/O OF MANAGEMENT SERVICES 4301 OAK CIR. #23 **BOCA RATON FL 33431** 8. The above named entity submits this statemen he purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE Signature, typed or printed name of registered ad DATE title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. $\Box$ Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. DΡ Addition CR2E037 (9/99 τιτιΕ TITLE Delete WAGNER, STUART NAME NAME RANDALL, GEOFFREY 21150 POINT PLACE #706 STREET ADDRESS STREET ADDRESS 21150 POINT PL, #1204 CITY-ST-ZIP AVENTURA CITY-ST-ZIP **AVENTURA FL 33180** DVP Change ☐ Addition Oelere TITLE TITLE DS JACOBS, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 21150 POINT PL. #904 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 Addition TITLE DT TITLE ☐ Change XX Delete NAME **BLOOM, STUART** NAME # 1105 STREET ADDRESS STREET ADDRESS 21150 POINT PLACE #902 CITY-ST-ZIP CITY-ST-ZIP <u>Aventura FL 33180</u> ☐ Change **X** Addition TITLE ☐ Delete **TITLE** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete TITLE TITLE NAME NAME #2006 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trastee 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

KE REQUIRED
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/21/00 Date

30s) 933-932

☐ Change

Addition