

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000728

1. Entity Name

PLANTATION ISLAND ESTATES HOMEOWNERS ASSOCIATION

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90117 029 ****70.00

Principal Place of Business

C/O LAWRENCE BEVIN PA
140 S UNIVERSITY DR SUITE C
PLANTATION FL 33324
US

Mailing Address

C/O LAWRENCE BEVIN PA
140 S UNIVERSITY DR SUITE C
PLANTATION FL 33324-3328
US

2. Principal Place of Business

c/o Pedro Garcia-Carrillo

3. Mailing Address

c/o Elliott Harris

Suite, Apt. #, etc.

14425 Country Walk Dr.

City & State

Miami, Florida

Suite, Apt. #, etc.

111 S.W. 3rd Street

Sixth Floor

Miami, Florida



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0643193

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUNIN, LAWRENCE ESQ
140 S UNIVERSITY DR
STE C
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name Elliott Harris, Esq.

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

111 S.W. 3rd Street

Sixth Floor

City

Miami

FL

Zip Code

33130

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

Elliott Harris

Elliott Harris

1/24/200

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUNIN, LAWRENCE	
STREET ADDRESS	140 S UNIVERSITY DR SUITE C	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRAGER, MAX	
STREET ADDRESS	387 AUDUBON RD	
CITY-ST-ZIP	ENGLEWOOD NJ 07631	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOSKOVITS, CORINNE	
STREET ADDRESS	FERNWOOD LN, RT 1 BOX 1094	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pedro Garcia-Carrillo	
STREET ADDRESS	14425 Country Walk Drive	
CITY-ST-ZIP	Miami, Florida 33186	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth D. Goldring	
STREET ADDRESS	14425 Country Walk Drive	
CITY-ST-ZIP	Miami, Florida 33186	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elliott Harris	
STREET ADDRESS	111 S.W. 3rd Street, 6th Floor	
CITY-ST-ZIP	Miami, Florida 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00 (305) 358-0146

Date

Daytime Phone #

CR2E037 (9/99)