

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/2.

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90062 001 \*\*\*\*61.25

**DOCUMENT # N96000004859**

1. Entity Name

**FASHION SQUARE OWNERS ASSOCIATION, INC.**

Principal Place of Business

1870 S BAYSHORE DRIVE  
COCONUT GROVE FL 33133-5309  
US

Mailing Address

1870 S BAYSHORE DRIVE  
COCONUT GROVE FL 33133-5309  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0704623**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROTHSTEIN, LAWRENCE I**  
**1870 S BAYSHORE DRIVE**  
**COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

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 remailing)

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	PD	<input type="checkbox"/> Delete
NAME	WIENER, MAURICE	
STREET ADDRESS	1870 S BAYSHORE DR.	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROTHSTEIN, LAWRENCE I	
STREET ADDRESS	1870 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WIENER, RICHARD N	
STREET ADDRESS	950 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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:

*Carlos Camarota*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/23/01*  
Date

*305-854-6808*  
Daytime Phone #

CR2E037 (10/00)