2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N97000004923 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name 2600 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, 1 04-22-2000 90045 034 ****61.25 Mailing Address Principal Place of Business 2600 ISLAND BOULEVARD 2600 ISLAND BOULEVARD **BLDG ADM OFFICE BLDG ADM OFFICE AVENTURA FL 33160-5206 AVENTURA FL 33160** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0780785 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 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) SKRLD, INC. 201 ALHAMBRA CIRCLE **SUITE 1102** Zip Code City FL CORAL GABLES FL 33134 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 *OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME WHITE; ROD NAME STREET ADDRESS STREET ADDRESS 2600 ISLAND BLVD #2802 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33160** X Addition Delete ☐ Change TITLE TITLE NAME HERTZBERG, BERNARD NAME JOEL, WILLIAM STREET ADDRESS STREET ADDRESS 2600 ISLAND BLVD #1205 2600 ISLAND BLVD., #704 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33160 <u>AVENTURA, FL 33160</u> Delete Change ☐ Addition TITI F TITLE DST NAME vollrath, robert NAME STREET ADDRESS STREET ADDRESS 7900 ISLAND BLVD. CITY-ST-ZIP CITY-ST-7IP WILLIAMS ISLAND FL 33160 xx Change ☐ Addition Delete TITLE TITLE LIPTON, GEORGE NAME LIPTON, GEORGE NAME 2600 ISLAND BLVD #1805 STREET ADDRESS STREET ADDRESS 2600 ISLAND BLVD #1805 CITY-ST-ZIP AVENTURA, FL 33160 CITY-ST-ZIP **AVENTURA FL 33160** ☐ Change ☐ Addition ☐ Delete TITLE TITLE **BLUMBERG. LAWRENCE** NAME NAME STREET ADDRESS STREET ADDRESS 2600 ISLAND BLVD #905 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33160** ☐ Change ☐ Addition ☐ Delete TITLE BERLINER, PAULA NAME NAME STREET ADDRESS STREET ADDRESS 2600 ISLAND BLVD #806 CITY-ST-ZIP AVENTURA FL 33160 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 pr 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: SICUAL VIDE SEQUENCE PLES 4/14/00 (305)

Daytime Phone #