

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90056 036 \*\*\*\*61.25

**DOCUMENT # N98000006044**

1. Entity Name

**THE POINTE VILLAS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7760 WEST 20TH AVENUE SUITE 1  
 HIALEAH FL 33018

7760 WEST 20TH AVENUE SUITE 1  
 HIALEAH FL 33018

2. Principal Place of Business

**7630 NW 99TH TERR**

3. Mailing Address

**7622 NW 99TH TERR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**TAMARAC, FL**

City & State

**TAMARAC, FL**

4. FEI Number

**65-0875993**

Applied For

Not Applicable

Zip

**33321**

Country

**USA**

Zip

**33321**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TOBIN, MICHAEL S**  
**11900 BISCAYNE BLVD. SUITE 740**  
**MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name **Robert KAYE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6261 NW 6TH WAY**  
**Suite 103**  
 City **FORT LAUDERDALE FL** Zip Code **33309**

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEINTRAUB, SAMUEL</b>	
STREET ADDRESS	<b>7760 WEST 20TH AVENUE SUITE 1</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33018</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEINTRAUB, ALMA</b>	
STREET ADDRESS	<b>7760 WEST 20TH AVENUE SUITE 1</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33018</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEINTRAUB, ABRAHAM</b>	
STREET ADDRESS	<b>7760 WEST 20TH AVENUE SUITE 1</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33018</b>	
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	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>President ERIC FIORI</b>	
STREET ADDRESS	<b>7622 NW 99TH TERRACE</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Vice Pres. RICHARD FENLON</b>	
STREET ADDRESS	<b>9914 NW 76TH STREET</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Treasure DANIEL DZIBINSKI</b>	
STREET ADDRESS	<b>7605 NW 99TH TERRACE</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Secretary SANDI SWARTZ</b>	
STREET ADDRESS	<b>9907 NW 76TH STREET</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Eric I. Fiori**

**4/01/02**

**(954) 720-7778**

CR2E037 (9/01)