

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2000 8:00 am
Secretary of State

02-26-2000 90011 009 ****61.25

DOCUMENT # N99000000373

1. Entity Name

OFFICES AT PINECREST II CONDOMINIUM ASSOCIATION,

Principal Place of Business

7695 S.W. 104TH STREET
SUITE 100
MIAMI FL 33156

Mailing Address

7695 S.W. 104TH STREET
SUITE 100
MIAMI FL 33156-3159

2. Principal Place of Business

7685 SW 104 Street

Suite, Apt. #, etc.

3. Mailing Address

7685 SW 104 Street

Suite, Apt. #, etc.
c/o Suite 210

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number

65-0928144

Applied For

Not Applicable

Zip

33156

Country

Miami-Dade

Zip

33156

Country

Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOENIGSBERG, JAY
SUITE 800-SOUTH
1101 BRICKELL AVENUE
MIAMI FL 33131

Name

Glenn J. Holzberg

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

7685 SW 104 Street, Suite 220

City

Miami

FL

Zip Code
33156

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.

Glenn J. Holzberg

(NOTE: Registered Agent signature required when reinstating)

2/17/00
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 checked="" type="checkbox"/> Delete
NAME	MOURIZ, GEORGE	
STREET ADDRESS	7695 S.W. 104TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SALAZAR, GABRIEL	
STREET ADDRESS	7695 S.W. 104TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GOLDSTEIN, HOWARD	
STREET ADDRESS	7695 S.W. 104TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
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	President - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony R. Ciminero	
STREET ADDRESS	7685 SW 104 Street	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	Vice President - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn J. Holzberg	
STREET ADDRESS	7685 SW 104 Street	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	Secretary/Treasurer - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janice Lavernia Rubin	
STREET ADDRESS	7685 SW 104 Street	
CITY-ST-ZIP	Miami, FL 33156	
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
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 Janice Lavernia Rubin, Secy/Treas

2-16-00

305-661-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

MULTIPLE

Processing - Checks

AR/UBR Batch # 222



300112

0/1

MULTIPLE

ANN REP/UNIFORM BUS REP

Prep. Name: _____

Scanner Name: _____

Prep. Date: _____

Box Number: _____