

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

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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

Glenn J. Holzberg

2/17/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOURIZ, GEORGE 7695 S.W. 104TH STREET MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SALAZAR, GABRIEL 7695 S.W. 104TH STREET MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOLDSTEIN, HOWARD 7695 S.W. 104TH STREET MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - D Anthony R. Ciminero 7685 SW 104 Street Miami, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - D Glenn J. Holzberg 7685 SW 104 Street Miami, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer - D Janice Lavernia Rubin 7685 SW 104 Street Miami, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____