

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12193

1. Entity Name

COURTLAND GROUP, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90079 050 \*\*\*150.00

Principal Place of Business

Mailing Address

2701 S BAYSHORE DR #PH  
COCONUT GROVE FL 33133

2701 S BAYSHORE DR #PH  
COCONUT GROVE FL 33133-5309

2. Principal Place of Business

3. Mailing Address

1870 SOUTH BAYSHORE DRIVE  
COCONUT GROVE, FL 33133-5309  
Us

1870 SOUTH BAYSHORE DRIVE  
COCONUT GROVE, FL 33133-5309  
Us



DO NOT WRITE IN THIS SPACE

FEI Number

13-2697658

Applied For

Not Applicable

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
ROTHSTEIN, LAWRENCE I.  
2701 S BAYSHORE DR.  
COCONUT GROVE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pds  
ROTHSTEIN, LAWRENCE I.  
1870 SOUTH BAYSHORE DRIVE  
COCONUT GROVE, FL 33133 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VAS  
CAMAROTTI, CARLOS  
2701 S BAYSHORE DR.  
COCONUT GROVE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VAS  
CAMAROTTI, CARLOS  
1870 SOUTH BAYSHORE DRIVE  
COCONUT GROVE, FL 33133 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
WIENER, MAURICE  
2701 S. BAYSHORE DRIVE  
COCONUT GROVE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
WIENER, MAURICE  
1870 SOUTH BAYSHORE DRIVE  
COCONUT GROVE, FL 33133 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
LERNER, BERNARD  
2701 S BAYSHORE DR  
COCONUT GROVE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
LERNER, BERNARD  
1870 SOUTH BAYSHORE DRIVE  
COCONUT GROVE, FL 33133 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

CARLOS CAMAROTTI

4/14/00 (305) 854-6803

Date

Daytime Phone #

CR2E034 (9/99)