2002 UNIFOR	M BUSINESS	REPORT	(UBR)
OCUMENT #	238986		
ANGE BROOK VILLAS	S INC		

1. E OR

Principal Place of Business 2901 POLK STREET

HOLLYWOOD FL 33020

D

Mailing Address

2901 POLK STREET HOLLYWOOD FL 33020

3. Mailing Address . 2. Principal Place of Business 2901 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State

6. Name and Address of Current Registered Agent

**FILED** Jan 14, 2002 8:00 am Secretary of State

01-14-2002 90058 028 \*\*\*158.75

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| . |                                                                                 |
|   | DO NOT WRITE IN THIS SPACE                                                      |

4. FEI Number NOT APPLICABLE

Not Applicable

5. Certificate of Status Desired X \$8.75 Additional

7. Name and Address of New Registered Agent

MURANO, ROSE M 2901 POLK STREET

Zip

APT # 9

HOLLYWOOD FL 33020

M

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.

9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

10. Election Campaign Financing

\$5.00 May Be

Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **∀** Change Addition TITLE ☐ Delete TITLE Dupper, CARL W. 2901 POLLES # 16 DUPPER, CARL NAME 2901 POLK STREET STREET ADDRESS STREET ADDRESS 1-poplishmong CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-7IP TITLE Change \*Addition TITLE Delete CASTRIONE Edith MURANO, JAMES NAME NAME STREET ADDRESS 2901 POLK STREET APT 9 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE Keller brain NAME MURANO, ROSE M NAME SOUL BOOK ST STREET ADDRESS STREET ADDRESS 2901 POLK STREET APT. 9 CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

(10/6)