

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90011 023 ***158.75

DOCUMENT # 248119

1. Entity Name

WOODCREST TERRACE APARTMENTS INC

Principal Place of Business

615 SOUTH RIVERSIDE DRIVE
 POMPANO BEACH FL 33062

Mailing Address

615 SOUTH RIVERSIDE DRIVE
 POMPANO BEACH FL 33062-6244

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1454410**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAFITIS, PHOEBE
615 S RIVERSIDE DR
POMPANO BCH FL 33062

7. Name and Address of New Registered Agent

Name
WADE BROESAMLE
 Street Address (P.O. Box Number is Not Acceptable)
615 S. RIVERSIDE DR. # 7
 City **Pompano Bch.** **FL** Zip Code **33062**

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 *Wade E Broesamle*

DATE **02/08/00**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TD	BLONDA, CHRISTIAN	615 S. RIVERSIDE DR.	POMPANO BCH FL 33062	<input checked="" type="checkbox"/>
SD	SHRYOCK, GRACE	615 S RIVERSIDE DR	POMPANO BEACH FL	<input type="checkbox"/>
PD	PAFITIS, PHOEBE	615 S RIVERSIDE DR	POMPANO BCH FL	<input checked="" type="checkbox"/>
VD	WETTIN, PAULINE	650 SO. RIVERSIDE DR.	POMPANO BEACH FL 33062	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TD	ELMICHAEL HARRITY JR.	615 S. RIVERSIDE DR. # 10	Pompano Bch. FL 33062	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	WADE BROESAMLE	615 S. RIVERSIDE DR. # 7	POMPANO Bch. FL 33062	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Wade E Broesamle* (WADE BROESAMLE) 02/08/00 (954) 234-9660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (9/99)