03-20-2000 90052 036 ***150.00

FILED Mar 20, 2000 8:00 am Secretary of State

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 59-1028411 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name

SERGIO'S PROEPRTY MANAGEMENT, INC. **60 VENETIAN DRIVE DELRAY BEACH FL 33483**

DOCUMENT # 257119

Principal Place of Business

2. Principal Place of Business

60 VENETIAN DRIVE

SIGNATURE

DELRAY BEACH FL 33483

MIRAMAR GARDEN APARTMENTS INC

2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

60 VENETIAN DRIVE DELRAY BEACH FL 33483-6961

3. Malling Address

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

DATE

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, typed or printed name of registered agent and	itie it s
9.	This corporation is eligible to satisfy its Intangible	
	Tax filing requirement and elects to do so.	l

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

City

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Applied For

Not Applicable

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **X** Addition PD TITLE TITLE Delete HUGHES, JOHN W NAME NAME kian prive, 5306 STREET ADDRESS 60 VENETIAN DRIVE, N201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** Change **X** Addition ☐ Delete TITLE TITLE DIGGANS, BETTY A NAME 60 VENETIAN DR., N-105 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DELRAY BEACH FL Delete [] Change **X** Addition TITLE TITLE MURTAGH, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 60 VENETIAN DR N305 CITY-ST-ZIP DELRAY BCH FL 33483 CITY-ST-ZIP **Addition** □ Change TITLE ☐ Defete PAGLIA, HARRIET NAME STREET ADDRESS STREET ADDRESS 60 VENETIAN DR N300 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 TITLE Change Addition Delete TITLE GIORDANO, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 60 VENETIAN DR N303 CITY-ST-ZIP CITY-ST-7IP **DELRAY BEACH FL 33483** Change Addition TITLE ☐ Delete TITLE TURNER, GERRI NAME NAME STREET ADDRESS STREET ADDRESS 60 VENTIAN DR N101 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483**

13. I hereby certify that the information supplied with this filling 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR