2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 701495** Jan 24, 2000 8:00 am Secretary of State 1. Entity Name VAN BUREN COOPERATIVE APARTMENTS INC 01-24-2000 90024 009 ****61.25 Mailing Address Principal Place of Business 1717 VAN BUREN ST 1717 VAN BUREN ST HOLLYWOOD FLA 33020-5147 HOLLYWOOD FL 33020 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0954388 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CHATELET, CATHERINE 1717 VAN BUREN ST. HOLLYWOOD FL 33020 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, typed or printed name of registered 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITLE SPEECHES, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 1717 VAN BUREN ST CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33020 Change ☐ Addition TITLE □ Delete TITLE NAME SILVER, JOSEPH NAME STREET ADDRESS STREET ADDRESS 1717 VANBUREN ST. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition Change TITLE Delete TITLE NAME ESPOSITO, CAROLINE NAME STREET ADDRESS STREET ADDRESS 1717 VANBUREN ST. CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33020 Addition ☐ Change TITLE Delete TITLE CHATELET, CATHERINE NAME NAME STREET ADDRESS STREET ADDRESS 1717 VAN BUREN ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Change Addition ☐ Delete TITLE FRENT, ADAM NAME STREET ADDRESS STREET ADDRESS 1717 VAN BUREN ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.