

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90055 011 ****61.25

DOCUMENT # 703442

1. Entity Name

RIO - MAR APARTMENTS INC

Principal Place of Business

3232 CANAL DRIVE
P O BOX 5193
LIGHTHOUSE POINT FL 33074

Mailing Address

3232 CANAL DRIVE
P O BOX 5193
LIGHTHOUSE POINT FL 33074

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1031935

Applied For

Not Applicable

5. 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

WELSH, CAROLYN
3232 CANAL DRIVE
APT. 19
POMPANO BEACH FL 33062

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BROWN, ELEANOR**
STREET ADDRESS **3232 CANAL DRIVE**
CITY-ST-ZIP **POMPANO BEACH, FL 00000**

TITLE **D** ☐ Delete
NAME **FREER, VIRGINIA**
STREET ADDRESS **3232 CANAL DR**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **STD** ☐ Delete
NAME **WELSH, CAROLYN**
STREET ADDRESS **3232 CANAL DRIVE**
CITY-ST-ZIP **POMPANO BEACH, FL 00000**

TITLE **VP** ☐ Delete
NAME **WHEELY, MAURICE**
STREET ADDRESS **3232 CANAL DR**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **D** ☐ Delete
NAME **WAGNER, FRANK**
STREET ADDRESS **3232 CANAL DRIVE**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **PD** ☐ Delete
NAME **WAGNER, FRANK**
STREET ADDRESS **3232 CANAL DR**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Eaton, Elaine**
STREET ADDRESS **3232 Canal Drive**
CITY-ST-ZIP **Pompano Beach FL 33062**

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

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

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

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.

SIGNATURE:

Signature Required **Wagner**

1-6-01

954-745-9169

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)