

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90011 049 \*\*\*\*61.25

**DOCUMENT # 708148**

1. Entity Name

**PEMBROKE HOUSE WEST CONDOMINIUM, INC.**

Principal Place of Business

7401 PINES BLVD  
 PEMBROKE PINES FL 33024  
 US

Mailing Address

7401 PINES BLVD  
 PEMBROKE PINES FL 33024-7246  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1143086**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~BROWN, PATRICK  
 7401 PINES BLVD  
 #214  
 PEMBROKE PINE FL 33024~~

Name

**NONE**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **KEN NICHOLSON**  
 STREET ADDRESS **7401 PINES BLVD #209**  
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **PRES.**  Change  Addition  
 NAME **GUTIERREZ GERARDO**  
 STREET ADDRESS **7401 PINES BLVD #215**  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **FREEMAN, CLAIRE**  
 STREET ADDRESS **7401 PINES BLVD., #117**  
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BROWN, PATRICK**  
 STREET ADDRESS **7401 PINES BLVD #214**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **BATCHELDER, MARION**  
 STREET ADDRESS **7401 PINE BLVD., #111**  
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **YOUNG, ALAN**  
 STREET ADDRESS **7401 PINES BLVD #112**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE  Change  Addition  
 NAME **V.P. Hughes, Vanessa**  
 STREET ADDRESS **7401 Pines Blvd #114**  
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE **V**  Delete  
 NAME **ROSSI, ALVARO - ALVEDA**  
 STREET ADDRESS **7401 PINES BLVD #116**  
 CITY-ST-ZIP **PEMBROKE PINES FL**

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:

*Gerardo Gutierrez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/00** **954-966-9630**  
 Date Daytime Phone #

C.F. E037 (9/99)