

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708723

1. Entity Name

PALM TERRACE APARTMENTS OF POMPANO, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90070 044 ****61.25

Principal Place of Business

Mailing Address

750 PINE DRIVE
APARTMENT 6
POMPANO BEACH FL 33060

750 PINE DRIVE
APARTMENT 6
POMPANO BEACH FLA 33060-7281

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1158074

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

VILLEGAS, RAMON
750 PINE DR #8
POMPANO BCH FL 33060

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

Ramon Villegas

PRESIDENT

3-22-00

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 PD ☒ Delete
NAME LUONGO, VITO
STREET ADDRESS 750 PINE DR #6
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE VILLEGAS RAMON ☒ Change ☐ Addition
NAME 750 PINE DR. APT. 8
STREET ADDRESS POMPANO BCH FL 33060
CITY-ST-ZIP PRES

TITLE VPD ☒ Delete
NAME WEST, CINOY
STREET ADDRESS 750 PINE DRIVE #18
CITY-ST-ZIP PAMPANO BEACH FL 33060

TITLE MICHAEL STELLATO ☐ Change ☒ Addition
NAME 750 PINE DR APT. 3
STREET ADDRESS POMPANO BCH FL 33060
CITY-ST-ZIP V.P.

TITLE TD ☐ Delete
NAME VILLEGAS, RAMON
STREET ADDRESS 750 PINE DRIVE #8
CITY-ST-ZIP POMPANO BEACH FL

TITLE LAURENCE JACQUES ☐ Change ☒ Addition
NAME 750 PINE DR. #4
STREET ADDRESS POMPANO BCH FL 33060
CITY-ST-ZIP Secy.

TITLE SD ☒ Delete
NAME DAVIDSON, MAGGIE
STREET ADDRESS 750 PINE DRIVE #11
CITY-ST-ZIP POMPANO BEACH FL

TITLE CAROL BROWN ☐ Change ☒ Addition
NAME 750 PINE DR. APT. #1
STREET ADDRESS POMPANO BCH FL 33060
CITY-ST-ZIP A. Secy

TITLE ASD ☒ Delete
NAME BLUE, JEWELL C
STREET ADDRESS 750 PINE DR., APT. 2
CITY-ST-ZIP POMPANO BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael Stellato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-00 (954) 942-0546

Date

Daytime Phone #

CR2E037 (9/99)