

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90057 026 ****61.25

DOCUMENT # 709953

1. Entity Name

SAN REMO, INC., A CONDOMINIUM

Principal Place of Business

Mailing Address

2871 N. OCEAN BLVD.
 BOCA RATON FL 33431

2871 N. OCEAN BLVD.
 BOCA RATON FL 33431-7018

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

59-1202524

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOLLENGARDEN, PETER
 BECKER, POLIAKOFF, P.A.
 500 AUSTRALIAN AVE
 W PALM BCH FL 33401**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	BARBARA SPARGO	
STREET ADDRESS	2871 N. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORTI, JOSEPH	
STREET ADDRESS	2871 N OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	STONER, ROBERT	
STREET ADDRESS	2871 NORTH OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GULLIVAR, GENE	
STREET ADDRESS	2871 N OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DUNCAN, FRANK	
STREET ADDRESS	2871 N OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD BROWN	
STREET ADDRESS	2871 N. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS ARCHIBALD	
STREET ADDRESS	2871 N OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALPHIEA SILVERIP	
STREET ADDRESS	2871 N. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Rohlman	
STREET ADDRESS	2871 N. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE FORBUSH	
STREET ADDRESS	2871 N. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33431	

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: *Robert Stoner* **Robert Stoner** 4-24-00 561-750-7775
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone #