

# 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 2871 N. OCEAN BLVD. BOCA RATON FL 33431	Mailing Address 2871 N. OCEAN BLVD. BOCA RATON FL 33431-7018
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1202524</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>MOLLENGARDEN, PETER                  BECKER, POLIAKOFF, P.A.                  500 AUSTRALIAN AVE                  W PALM BCH FL 33401</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BARBARA SPARGO</b> <b>2871 N. OCEAN BLVD</b> <b>BOCA RATON FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>T D</b> <b>DONALD BROWN</b> <b>2871 N. OCEAN BLVD</b> <b>BOCA RATON FL 33431</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FORTI, JOSEPH</b> <b>2871 N OCEAN BLVD</b> <b>BOCA RATON FL 33431</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>VPD</b> <b>DOUGLAS ARCHIBALD</b> <b>2871 N OCEAN BLVD</b> <b>BOCA RATON FL 33431</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STONER, ROBERT</b> <b>2871 NORTH OCEAN BLVD</b> <b>BOCA RATON FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>PD</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GULLIVAR, GENE</b> <b>2871 N OCEAN BLVD</b> <b>BOCA RATON FL 33431</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>D</b> <b>Alphiea Silverip</b> <b>2871 N. Ocean Blvd</b> <b>Boca Raton, FL 33431</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>DUNCAN, FRANK</b> <b>2871 N OCEAN BLVD</b> <b>BOCA RATON FL 33431</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>P</b> <b>Kenneth Rohlman</b> <b>2871 N. Ocean Blvd</b> <b>Boca Raton, FL 33431</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>D</b> <b>BRUCE FORBUSH</b> <b>2871 N. OCEAN BLVD</b> <b>BOCA RATON FL 33431</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 #