

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711872

1. Entity Name

THE ADMIRAL CONDOMINIUM APARTMENTS, INC.

FILED

Mar 07, 2000 8:00 am  
Secretary of State

03-07-2000 90005 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2031 DEWEY STREET  
HOLLYWOOD FL 33020

2031 DEWEY STREET  
HOLLYWOOD FL 33020-6900

C0023535



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

59-1206123

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DV ESTRIDA, VICTOR 2031 DEWEY ST. APT 205 HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DV OLIVIER, BRIAND 2031 DEWEY ST. APT 207 HOLLYWOOD FL 33020</del>	<del><input type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALLARD BERTRAND 2031 DEWEY ST. APT. 202 HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORISSETTE JACQUES 2031 DEWEY ST. APT. 302 HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DG MONDOZA, CHRISTIAN 2031 DEWEY ST. APT. 205 HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DP</del> NELSON PAULIN 2031 DEWEY ST APT 204 HOLLYWOOD FLA 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

Nelson Paulin  
Nelson Paulin  
14 Feb 2000 (2000) 615-5433

CR2E037 (9/99)

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711872

1. Corporation Name

THE ADMIRAL CONDOMINIUM APARTMENTS, INC.

*Additional  
page*

*C0023535*

Principal Place of Business

2031 DEWEY STREET  
HOLLYWOOD FL 33020

Mailing Address

2031 DEWEY STREET  
HOLLYWOOD FL 33020

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

Zip

Country

25

29

30

3. Date Incorporated or Qualified

12/01/1966

4. FEI Number

59-1206123

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POULIN, NELSON  
2032 DEWEY ST., APT. 306  
HOLLYWOOD FL 33020

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE DP ☐ DELETE

NAME POULIN NELSON  
STREET ADDRESS 2031 DEWEY ST. APT. 306  
CITY-ST-ZIP HOLLYWOOD, FL 00000

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE DV ☐ DELETE

NAME OLIVIER, BRIAND  
STREET ADDRESS 2031 DEWEY ST. APT 207  
CITY-ST-ZIP HOLLYWOOD FL 33020

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE DT ☐ DELETE

NAME ALLARD BERTRAND  
STREET ADDRESS 2031 DEWEY ST. APT. 202  
CITY-ST-ZIP HOLLYWOOD FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE DS ☐ DELETE

NAME MORISSETTE JACQUES  
STREET ADDRESS 2031 DEWEY ST. APT. 302  
CITY-ST-ZIP HOLLYWOOD FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE DG ☐ DELETE

NAME GRAVEL ANDRE  
STREET ADDRESS 2031 DEWEY ST. APT. 203  
CITY-ST-ZIP HOLLYWOOD FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nelson Poulin P* 15 Feb 00 10:00 AM 015-5423

0021789

CR2E037 (1/98)

