

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90021 027 ****61.25

DOCUMENT # 712080

1. Entity Name

FIFTH MIRAMAR CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

6750 ARBOR DRIVE
 MIRAMAR FL 33023

6750 ARBOR DRIVE
 MIRAMAR FL 33023-4886

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

59-1202373

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

Name

~~JUDITH NAME~~

~~Street Address (Post Office Number is Not Acceptable)~~

~~6750 ARBOR DR #206~~

MIRAMAR, FL 33023

City

FL

Zip Code

TULL-REID, LETITA E
 6750 ARBOR DR #202
 MIRAMAR FL 33023

X DELETE

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)

Judith Name

4/2/00
 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	VP	<input checked="" type="checkbox"/> Delete
NAME	NEVERSON, EULA	
STREET ADDRESS	6750 ARBOR DR.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NUZZOULLI, EVELYN	
STREET ADDRESS	6750 ARBOR DR., #102	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACERI, MARGARET	
STREET ADDRESS	6750 ARBOR DR #105	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SANTIAGO, LYDIA	
STREET ADDRESS	6750 ARBOR DR #101	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PENDER, Z	
STREET ADDRESS	6750 ARBOR DR 106	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAMES, JUDITH	
STREET ADDRESS	6750 ARBOR DR #206	
CITY-ST-ZIP	MIRAMAR FL 33023	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM VICK	
STREET ADDRESS	6750 ARBOR DR	
CITY-ST-ZIP	#105 MIRAMAR, FL 3302	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECTY. ZELMZ PENDER	
STREET ADDRESS	6750 ARBOR DRIVE	
CITY-ST-ZIP	#106	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVA PARADISE	
STREET ADDRESS	#204 6750 ARBOR DR	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYDIA SANTIAGO	
STREET ADDRESS	#101 6750 ARBOR DR	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EULA NEVERSON	
STREET ADDRESS	#104 6750 ARBOR DR	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELISSA SENNA	
STREET ADDRESS	#103 6750 ARBOR DRIVE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith Name
 JUDITH NAME
 4/2/00 954 987-0892
 DATE Daytime Phone #

CR2E037 (9/99)