

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90073 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**



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

**59-1202373**

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

**MAME, JUDITH  
 6750 ARBOR DR #206  
 MIRAMAR FL 33023**

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

*Judith Mame*

*President*

*3/23/01*

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	VP	<input type="checkbox"/> Delete
NAME	VICK, SAM	
STREET ADDRESS	6750 ARBOR DR. #105	
CITY-ST-ZIP	MIRAMAR FL 3302	
TITLE	S	<input type="checkbox"/> Delete
NAME	PENDER, ZELMZ	
STREET ADDRESS	6750 ARBOR DRIVE #106	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARADISE, EVA	
STREET ADDRESS	6750 ARBOR DR. #204	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTIAGO, LYDIA	
STREET ADDRESS	6750 ARBOR DR #101	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEVERSON, EULA	
STREET ADDRESS	6750 ARBOR DR. #104	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	SENNA, MELISSA	
STREET ADDRESS	6750 ARBOR DRIVE #103	
CITY-ST-ZIP	MIRAMAR FL 33023	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Judith Mame*

*President*

*3/23/01*

*954 987-0092*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)