

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712403

1. Entity Name

CYPRESS ISLAND APTS. #4, INC.

Principal Place of Business

Mailing Address

C/O J & L PROPERTY MGMT. INC.
10191 W SAMPLE RD #203
CORAL SPRINGS FL 33065

C/O J & L PROPERTY MGMT. INC.
10191 W SAMPLE RD #203
CORAL SPRINGS FL 33065-3960

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

59-1198660

Applied For

Not Applicable

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

C/O J & L PROPERTY MGMT INC
10191 W SAMPLE RD #203
CORAL SPRINGS FL 33065

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 DT ☐ Delete
NAME LOZITO, DELORES
STREET ADDRESS 435 S.E. 9TH AVE #6
CITY-ST-ZIP POMPANO BCH FL 33060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT ☐ Delete
NAME LAKES, DONALD
STREET ADDRESS 158 WOODMONT ST
CITY-ST-ZIP W. SPRINGFIELD MA 01089

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PT ☐ Delete
NAME SIMEOLI, CARLOS
STREET ADDRESS 1524 CENTER ST.
CITY-ST-ZIP ARKADDELPHIA AR 71923

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KATHLEEN MAOVRIS
STREET ADDRESS 935 SE 9TH AVE #7
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NICK SANTANELLA
STREET ADDRESS 935 SE 9TH AVE #1
CITY-ST-ZIP POMPANO BCH FL 33060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Kathleen Maovris* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90139 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)