2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90063 008 ****61.25

DOCUMENT # 712641

1. Entity Name

PARK SOUTH TWO, INC., (A CONDOMINIUM)

Principal Place of Business	Mailing Address
8457 W OAKLAND PARK BLVD SUNRISE FL 33351 US	% DIVERSIFIED MGMT. P.O. BOX 451418 SUNRISE FL 33345-1418 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Miami Management, Inc.	1189 Sawgrass Corporate Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise, Florida	City & State: Sunrise, Florida
Zip: 33323 Country: USA	Zip: 33323 Country: USA

4. FEI Number: 59-1236957 ☐ 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
KAYE & ROGER, P.A. 6261 NW 6TH WAY, SUITE 103 FT. LAUDERDALE FL 33309	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	PD NOWICKI, JOHN 1500 NW. 43 TERR 5/108 LAUDERHILL FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECICCO, RUTH 1500 NW 43RD TERR. 5/202 LAUDERHILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Ruth DeCicco 1500 NW 43rd Terr. #202 Lauderhill	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BODIFORD, SHIRLEY 150 NW. 43 TERR 5/107 LAUDERHILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fitz Lee 4330 NW 16th Street, #207 Lauderhill, Fl.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD DECICCO, ERNEST 1500 NW 43RD TERR. 5/202 LAUDERHILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Burke 1590 NW 43rd Terr. #108 Lauderhill	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ADKINS, ELAINE 1500 NW 43RD TERR. 5/107 LAUDERHILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GIANGIOBBE, TOM 4330 NW 16TH STREET 2/202 LAUDERHILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Thomas A. Giangiobbe 1/21/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #