

**2000 UNIFORM BUSINESS REPORT (UBR)**

21

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90038 021 \*\*\*\*61.25

**DOCUMENT # 713506**

1. Entity Name  
**JEFFERSON CONDOMINIUM OF HOLLYWOOD, INC.**

Principal Place of Business      Mailing Address  
**2005 JEFFERSON STREET**      **2005 JEFFERSON STREET**  
**HOLLYWOOD FL 33020**      **HOLLYWOOD FLA 33020-6979**

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      Applied For  
**59-2380070**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**INGILLO, CARLA**  
**2005 JEFFERSON ST**  
**#306**  
**HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 '00 |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVP</b><br><b>WITHAM, KENNETH</b><br><b>2005 JEFFERSON, APT #208</b><br><b>HOLLYWOOD FL</b> | <input checked="" type="checkbox"/> Delete             | TITLE <b>MES</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |
|  |  |  | <b>JUAN GAMBORA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>2005 JEFFERSON ST # 205</b><br><b>Hollywood FL 33020</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP</b><br><b>INGICCO, CARLO</b><br><b>2005 JEFFERSON, APT 306</b><br><b>HOLLYWOOD FL</b>    | <input checked="" type="checkbox"/> Delete             | TITLE <b>UP</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
|  |  |  | <b>MAIRA MESIA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>2005 JEFFERSON ST # 204</b><br><b>Hollywood FL 33020</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS</b><br><b>COMRAN, H.</b><br><b>2005 JEFFERSON ST. #309</b><br><b>HOLLYWOOD FL 33020</b>  | <input checked="" type="checkbox"/> Delete             | TITLE <b>Sely</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
|  |  |  | <b>MARLA ESPINOZA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>2005 JEFFERSON ST # 210</b><br><b>HWD FL 33020</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
|  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>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: SIGNATURE OF NEQUIER JUAN CARLA      Date: 2/4/00      Daytime Phone #: 954 944091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)