2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 716426 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** DAHLIA GARDENS CONDOMINIUM, INC. 01-19-2000 90323 004 ****61.25 Principal Place of Business Mailing Address 5041 W. OAKLAND PARK BLVD. 5041 W. OAKLAND PARK BLVD. LAUDERDALE LAKES FL 33313-1586 LAUDERDALE LAKES FL 33313 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 59-1372648 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SELIGMAN, HARRY 5041 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33313 Zip Code City FL 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) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME SHEPPER, STELLA STREET ADDRESS STREET ADDRESS 5041 W. OAKLAND PARK BLVD CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL HARVEY RABINOWITZ 5041 WOHKLAND PARK BLYD ☐ Addition ☐ Delete TITLE D TITLE JOHNSON, GEORGE NAME STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 5041 W. OAKLAND PK BLVD. CITY-ST-ZIP CITY-ST-ZIP FT: LAUDERDALE FL ☐ Delete Change Addition PD TITLE TITLE NAME NAME SELIGMAN, HARRY STREET ADDRESS STREET ADDRESS 5041 W OAKLAND PK BLVD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE TITLE VPD ALICE SOHMEN 5041 WOHKLAND PK-B2ND NAME NAME SOHMER, SEYMOUR STREET ADDRESS STREET ADDRESS 5041 W OAKLAND PK BLVD T. LAUDERDALE FL. CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME langfelder, martha STREET ADDRESS STREET ADDRESS 5041 W OAKLAND PK BLVD CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE, FL 00000 ☐ Addition ☐ Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.