

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718228

1. Entity Name

PETUNIA GARDENS CONDOMINIUM, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90071 006 ****61.25

Principal Place of Business

Mailing Address

% G. SCHWARTZ
5171 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33313

MLM PROPERTY MGMT CORP
1231 SUSSEX DR
N LAUDERDALE FL 33068-5381
US

2. Principal Place of Business

5171 W. OAKLAND PARK BLVD.
Suite, Apt. #, etc.
#303
City & State
LAUDERDALE LAKES, FL.
Zip
33313 Country
U.S.A.

3. Mailing Address

8051 WEST McNAB ROAD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAUDERDALE LAKES, FL.
Zip
33313 Country
U.S.A.

City & State
TAMARAC, FLORIDA
Zip
33321 Country
U.S.A.

4. FEI Number

59-1372607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MLM PROPERTY MGMT CORP
MIKE SOLOMON
1231 SUSSEX DR
N LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name
AMBASSADOR COMMUNITY MANAGEMENT, INC.
Street Address (P.O. Box Number is Not Acceptable)
8051 WEST McNAB ROAD
TAMARAC, FLORIDA
City
FL Zip Code
33321

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

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 3, 2000

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVENSON, DAVE	
STREET ADDRESS	5171 W OAKLAND PARK BLVD #303	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TATE, GAIL	
STREET ADDRESS	5171 W OAKLAND PARK BLVD #305	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NEPVEN, ANDRE	
STREET ADDRESS	5171 W OAKLAND PARK BLVD #310	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FASSIER, MARY	
STREET ADDRESS	5171 W OAKLAND PARK BLVD #101	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLIN, SYLVIA	
STREET ADDRESS	5171 W OAKLAND PARK BLVD #308	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH PEPE	
STREET ADDRESS	5171 W. OAKLAND PARK BLVD. #112	
CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33313	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEANNE MORDI	
STREET ADDRESS	5171 W. OAKLAND PARK BLVD. #307	
CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33313	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAX HOROWITZ	
STREET ADDRESS	5171 W. OAKLAND PARK BLVD. #304	
CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33313	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK LAMERE	
STREET ADDRESS	5171 W. OAKLAND PARK BLVD. #309	
CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33313	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)