## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 720829**

1. Entity Name

## LAUDERDALE OAKS CONDOMINIUM XII, INC.

Principal Place of Duciness

Molling Addross

## Apr 09, 2001 8:00 am Secretary of State 04-09-2001 90023 001 \*\*\*\*61.25

riiilcipai ria	ce of business	ivianing Address		1						
	TH AVE BLDG 12 E LAKES FL 33313-1827	3001 NW 46TH AVE BLDG 12 LAUDERDALE LAKES FL 33313-1827								
					) ( <b>188</b> 70) (				11111 <b>1</b> 1	## #### <b>###</b>
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				ĐO N	OT WRITE IN THI	IS SPACE		
City & State		City & State			4. FEI Numbe	Jumber <b>59-1370025</b>			Applied For Not Applicable	
Zip	Country	Zip	Country	~===	5. Certificate	of Status D	esired	\$8.7	5 Add	litional
<del></del>		7. Name and Address of New Registered Agent								
			Name							
JEAN, GAUTHIER 3001 N.W. 46 AVE APT 303				Street Address (P.O. Box Number is Not Acceptable)						
	DALE LAKES FL 33313			·			·			
			City				F	L Zip	Code	9
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office of	or registered	d agent, or bot	h, in the sta	te of Florida.			
						~				
SIGNATURE										
orar vironic	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE:	Registered Agent signa	ature required wi	hen reinstating)		DATE			
	······································									
FILE NOW:					Make Check Payable to to Fees Department of State					
	FEE IS \$61.25	Trust Fund Contribut	.ion. 🗀	Added (	o rees		vepartme	nt of Sta	1(e	
10.	OFFICERS AND DIRE	CTORS	11.	AD	DITIONS/CHA	NGES TO	OFFICERS AND I	DIRECTO	RS IN	10
TITLE	P	☐ Delete	TITLE	$\mathbb{D}_{1}$	10-0	10		Cha	ange	M Addition
NAME STREET ADDRESS	GAUTHIER, JEAN		NAME STREET ADDRESS	BELL	NOTEK	AVEC	# 305			
CITY-ST-ZIP	3001 N.W. 46 AVE #303 LAUD LAKES FL 33313		CITY-ST-ZIP	300/	, LAKE	E 4%	333/3			•
TITLE	D	☐ Delete	TITLE	DAUD	, NAVE	<u> </u>	<u> </u>	Cha	ange	Addition
NAME	SYLVIA BIENSTOCK	2 50,00	NAME							
STREET ADDRESS	3001 NW 46TH AVE #203	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS		<u>~ ، ^-</u> -	·	<u>م</u> م			
CITY-ST-ZIP	LAUDERDALE LAKES FL		CITY-ST-ZIP	<u> </u>						
TITLE	D	Delete	TITLE	}				Cha	ange	Addition
NAME	PERALDO, ALBERT		NAME	1						
STREET ADDRESS CITY-ST-ZIP	3001 NW 46 AVE # 409		STREET ADDRESS CITY-ST-ZIP	}						
TITLE	LAUDERDALE LAKES FL 33313 D	Пол.		<del></del>						[7] Addition
NAME	WHITMAN, MURRAY	☐ Delete	TITLE NAME	Ì				☐ Cha	nide.	Addition
STREET ADDRESS	3001 N.W. 46 AVE - #101		STREET ADDRESS	Ì						
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313		CITY-ST-ZIP							
TITLE	DST	☐ Delete	TITLE					☐ Cha	ınge	☐ Addition
NAME	GREEN, SYLVIA		NAME						-	
STREET ADDRESS	3001 NW 46TH AVE		STREET ADDRESS							
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313		CITY-ST-ZIP							
TITLE	S	☐ Delete	TITLE					☐ Cha	inge	Addition
NAME	CLARKE, DIXON		NAME	1						
STREET ADDRESS	3001 NW 46TH AVE 303		STREET ADDRESS	1						
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313		CITY-ST-ZIP	1						

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