

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90019 038 ****61.25

DOCUMENT # 720890

1. Entity Name

YUCCA GARDENS CONDOMINIUM, INC.

Principal Place of Business

**3430 NW 52ND AVE
 LAUDERDALE LAKES FL 33319**

Mailing Address

**3430 NW 52ND AVE
 LAUDERDALE LAKES FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMARAC FL

4. FEI Number **59-1446310**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33321

BROWARD

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

**SALPETER, ROSALIE
 3430 NW 52ND AVE
 LAUDERDALE LAKES FL 33319**

Name **Ambassador Cmm Mgmt Inc**
 Street Address (P.O. Box Number is Not Acceptable)
8051 W. McNab Rd
TAMARAC FL. 33321
 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 Michael Fortin for Ambassador Community Mgmt 8/30/01
 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
After September 12, 2001, min. will be \$236.25

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 **TD** Delete
 NAME **SALPETER, ROSALIE**
 STREET ADDRESS **3430 NW 52ND AVE**
 CITY-ST-ZIP **LAUDERDALE LKS, FL 00000**

TITLE **TD** Change Addition
 NAME **MICHAEL FORTIN**
 STREET ADDRESS **3430 NW 52nd Ave # 108**
 CITY-ST-ZIP **Lauderdale Lakes, FL 33319**

TITLE **SD** Delete
 NAME **ABRAMOWITZ, IDA**
 STREET ADDRESS **3430 NW 52ND AVE**
 CITY-ST-ZIP **LAUDERDALE LKS, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **ABRAMOWITZ, SID**
 STREET ADDRESS **3430 NW 52ND AVE**
 CITY-ST-ZIP **LAUDERDALE LKS, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **OLLER, MARION W**
 STREET ADDRESS **3430 NW 52ND AV**
 CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE Change Addition
 NAME **waller**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **MARDER, JEAN**
 STREET ADDRESS **3430 NW 52ND AVE**
 CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE Change Addition
 NAME **MAVIS CHARK**
 STREET ADDRESS **3430 NW 52 Ave # 311**
 CITY-ST-ZIP **Lauderdale Lakes, FL 33319**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: Michael Fortin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)