

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724524

1. Entity Name

HABITAT II CONDOMINIUM, INC.

Principal Place of Business

5851 NW 21ST STREET  
LAUDERHILL FL 33313  
US

Mailing Address

5851 NW 21ST STREET  
LAUDERHILL FL 33313-7610  
US

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

59-1504769

Applied For

Not Applicable

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

CANCIL, MARVIN  
2208 NW 59TH TERR  
1100 S. STATE ROAD 7, SUITE 102  
MARGATE FL 33068

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

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	PD	<input type="checkbox"/> Delete
NAME	CANCIL, MARVIN	
STREET ADDRESS	2208 NW 59TH TERR	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, HAROLD	
STREET ADDRESS	3191 NW 94TH TERR	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERKHEIMER, EDWARD	
STREET ADDRESS	6047 KIMBERLY BLVD, #N	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, PAUL	
STREET ADDRESS	2103 NW 59TH TERR	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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 I am empowered.

SIGNATURE:

*Paul Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-00

954 484-2530

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED  
Feb 24, 2000 8:00 am  
Secretary of State

02-24-2000 90048 011 \*\*\*\*61.25