

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90049 046 ****61.25

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
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

BERKHEIMER, EDWARD
6047 KIMBERLY BLVD
SUITE N
N LAUDERDALE FL 33068

Name
Ambassador Community Management
 Street Address (P.O. Box Number is Not Acceptable)
8051 W. Mc Nab Rd.
 City **Tamarac** 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

Marshall L. Cohen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/02

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	ROBERTS, VERA	
STREET ADDRESS	5600 NW 22 COURT	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JONES, LONNIE	
STREET ADDRESS	2110 NW 58 AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	S	<input checked="" 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	HICKS, SAMUEL	
STREET ADDRESS	5632 NW 21 STREET	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Weller	
STREET ADDRESS	8775 N.W. 36th St. #106	
CITY-ST-ZIP	Sunrise, FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Turnquist McKenzie	
STREET ADDRESS	2215 N.W. 56th AVE D 3E	
CITY-ST-ZIP	Lauderhill, FL 33313	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marvin Cancell	
STREET ADDRESS	2208 N.W. 59th Terr. 68A	
CITY-ST-ZIP	Lauderhill, FL 33313	

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:

Verna Roberts

3/29/02

954-721-1077

CR2E037 (9/01)