

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90108 027 ****61.25

DOCUMENT # 725300

1. Entity Name

LORRAINE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**410 SOUTHEAST 4TH AVENUE
 HALLANDALE FL 33009**

**410 SOUTHEAST 4TH AVENUE
 HALLANDALE FL 33009-6460**

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

59-1648561

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANNO, JOAN M.
 2500 EAST HALLANDALE BEACH BLVD., STE. 319
 HALLANDALE FL 33009**

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	P	<input type="checkbox"/> Delete
NAME	VAN WAGNER, JACKLYN	
STREET ADDRESS	410 SE 4TH AVE #7	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CANATSELOS, CHARLIE	
STREET ADDRESS	410 SE 4TH AVE #7	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILDRICE, PIERRETTE	
STREET ADDRESS	410 SE 4 AVE #4	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLIFTON, GEORGE	
STREET ADDRESS	410 SE 4 AVE #5	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWINGE, RUTH	
STREET ADDRESS	410 SE 4 AVE #2	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIVETRO, NORMA	
STREET ADDRESS	410 SE 4 AVE #8	
CITY-ST-ZIP	HALLANDALE FL 33009	

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

SIGNATURE: Charlie G. Canatselos ST Jan 5-00 954-454-2041
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)