

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725651

1. Entity Name

FRENCH QUARTER CONDOMINIUM PHASE IV, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90085 047 ****61.25

Principal Place of Business

408 N. W. 70TH AVE.
PLANTATION FL 33317-7550

Mailing Address

408 N. W. 70TH AVE.
PLANTATION FL 33317-7550

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1463574

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CRAWFORD, BOBBIE

304 NW 69 AVE

#155

PLANTATION FL 33317

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALMEIDA, EDUARDO	
STREET ADDRESS	288 NW 69 AVE- #271	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUER, MERCEDES	
STREET ADDRESS	302 NW 69 AVE- #157	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DANA SUTTER	
STREET ADDRESS	284 NW 69TH AVENUE, #180	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CRAWFORD, BOBBIE	
STREET ADDRESS	304 NW 69 AVE- #155	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TESLOW, MARY	
STREET ADDRESS	300 NW 69 AVE- #160	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONA JEFFRIES	
STREET ADDRESS	302 N.W. 69TH AVE, # 257	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADELIN ANTOINE	
STREET ADDRESS	282 N.W. 69TH AVE, #177	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY, TESLOW	
STREET ADDRESS	300 N.W. 69TH AVE, #160	
CITY-ST-ZIP	PLANTATION, FL 33317	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (9/99)