

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728197

1. Entity Name

CASTLE #16 CONDOMINIUM, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90071 008 ****61.25



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business 4740 NW 21ST STREET LAUDERHILL FL 33313 | Mailing Address 4740 NW 21ST STREET LAUDERHILL FL 33313-3563 |
|---|--|

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|--|--|---|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | 4. FEI Number 59-1499151 | Applied For <input type="checkbox"/> Not Applicable |
| Country | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent BARRETT, NAT 4740 NW 21ST STREET LAUDERHILL FL 33313 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reinstating)

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

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|---|---|---------------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 NAME STREET ADDRESS CITY-ST-ZIP | P BARRETT, NAT 4740 NW 21ST STREET LAUDERHILL FL 33313 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STOLTZ, DAVID 4740 NW 21ST STREET LAUDERHILL FL 33313 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOTWINIK, JACK 4740 NW 21ST STREET LAUDERHILL FL 33313 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KALB, ANNETTE 4740 NW 21ST STREET LAUDERHILL FL 33313 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GLADSTONE, IRMA 4740 NW 21ST STREET LAUDERHILL FL 33313 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KALINSKY, JEANNE 4740 NW 21 ST LAUDERHILL FL 33313 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 empowers.

SIGNATURE: *Nat Barrett* **4/1/00** **(954) 733-9364**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)