

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90067 038 \*\*\*\*61.25

**DOCUMENT # 728423**

1. Entity Name

**SOMERSET CONDOMINIUM NO. SIX, INC.**

Principal Place of Business

Mailing Address

2845 SOMERSET DRIVE  
 LAUDERDALE LAKES FL 33311

2845 SOMERSET DRIVE  
 LAUDERDALE LAKES FL 33311

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

59-1579233

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

Name

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

City

**FL**

Zip Code

**BAKALAR, BROUGH & CHADROW, P.A.**  
**2240 WEST 70TH AVENUE, SUITE D**  
**FORT LAUDERDALE FL 33317**

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  Delete  
 NAME **DT MARCIA ALFRED**  
 STREET ADDRESS **2861 SOMERSET DR**  
 CITY-ST-ZIP **LAUDERDALE LKS, FL 00000**

TITLE  Change  Addition

TITLE  Delete  
 NAME **VD DICKENS, PHILIP**  
 STREET ADDRESS **2861 SOMERSET DR.**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE  Change  Addition

TITLE  Delete  
 NAME **DVP REMY, NAOMI**  
 STREET ADDRESS **2861 SOMERSET DR**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

TITLE **Dp**  Change  Addition

TITLE  Delete  
 NAME **DSD HAWE, LAURA**  
 STREET ADDRESS **2861 SOMERSET DR**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

TITLE **D**  Change  Addition

TITLE  Delete

TITLE **D**  Change  Addition

TITLE  Delete

TITLE  Change  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 empowered.

SIGNATURE:

**NON-TYPED SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/02**

DATE

**954 8462713**

DAYTIME PHONE #

CR2037 (9/01)