

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90002 032 \*\*\*\*61.25

**DOCUMENT # 729094**

1. Entity Name

**LAUDERHILL GARDENS TOWNHOUSES CONDOMINIUM, INC.**

*R*

Principal Place of Business

4101 NW 19 STREET  
 LAUDERHILL FL 33313-7040

Mailing Address

4101 NW 19 STREET  
 LAUDERHILL FL 33313-7040

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

59-1784552

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

*Sydney Brown*  
~~DALEY, SHARON M~~  
 4101 NW 19TH ST  
 LAUDERHILL FL 33313

Name *Sydney Brown*  
 Street Address (P.O. Box Number is Not Acceptable)  
*4101 NW 19 ST*  
 City *LAUDERHILL* FL Zip Code *33313*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *8/31/00*

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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 | NAME             | STREET ADDRESS | CITY-ST-ZIP         | DELETE                              | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE                   | ADDITION                 |
|-------|------------------|----------------|---------------------|-------------------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
| PD    | MCKOY, PEARLITA  | 4101 NW 19 ST. | LAUDERHILL FL 33313 | <input type="checkbox"/>            |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| S     | DALEY, SHARON    | 4101 NW 19 ST. | LAUDERHILL FL 33313 | <input checked="" type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| V     | BROWN, SYDNEY    | 4101 NW 19 ST. | LAUDERHILL FL 33313 | <input type="checkbox"/>            |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| T     | VICKERS, YVONNE  | 4101 NW 19 ST. | LAUDERHILL FL 33313 | <input type="checkbox"/>            |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| D     | BARTISTE, OSWALD | 4101 NW 19 ST. | LAUDERHILL FL 33313 | <input type="checkbox"/>            |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| D     | YOUNG, MARY      | 4101 NW 19 ST. | LAUDERHILL FL 33313 | <input type="checkbox"/>            |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |

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]* SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 854 557415  
 Daytime Phone #