

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90248 011 \*\*\*\*61.25

DOCUMENT # **729094**

1. Entity Name

**LAUDERHILL GARDENS TOWNHOUSES CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

**4101 NW 19 STREET  
 LAUDERHILL FL 33313-7040**

~~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

**C/O Crest Property  
 ROBOX 452347**

**Sunrise #**

**33345**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1784552**

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

~~**BROWN, SYDNEY  
 4101 NW 19TH ST  
 LAUDERHILL FL 33313**~~

Name

**Crest Property Mgmt**

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

**4700 HIATUS Rd #156**

City

**Sunrise**

FL

Zip Code

**33351**

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

*[Handwritten Signature]*

**4/17/01**

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

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOAID NASSER	
STREET ADDRESS	4039 NW 19th St	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon Daley	
STREET ADDRESS	4101 NW 19th St	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/17/2001**

CR2E037 (10/00)