

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90011 032 ****61.25

DOCUMENT # **730279**
 1. Entity Name
EMBASSY Condo Assoc.

Principal Place of Business Mailing Address
1475 S.E. 15th. ST. **SAME**
FT. LAUDERDALE FL.
33316

2. Principal Place of Business 3. Mailing Address
1475 S.E. 15th. ST.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FT. LAUDERDALE FLORIDA
 Zip Country Zip Country
33316 **BROWARD**

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

00074019

DO NOT WRITE IN THIS SPACE

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

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	SECRETARY <input type="checkbox"/> Delete
NAME	107 BERKLEY
STREET ADDRESS	1130 LEE AVE.
CITY-ST-ZIP	WEST BEND WI. 52090.
TITLE	TREASURER <input type="checkbox"/> Delete
NAME	FRANK PALLIARO
STREET ADDRESS	392 RIVER RD.
CITY-ST-ZIP	SELMA CT. 06484
TITLE	DIRECTOR (PRES.) <input type="checkbox"/> Delete
NAME	GREGORY KEWA
STREET ADDRESS	1475 S.E. 15th. ST.
CITY-ST-ZIP	FT. LAUD. FL. 33316
TITLE	ELIZABET GREENBERG DIRECTOR <input type="checkbox"/> Delete
NAME	350. 24th. ST. APT. 20H.
STREET ADDRESS	NEW YORK N.Y. 10011
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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: **Gregory Kewa** **7-20-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **954-463-6067**

CR2E037 (11/00)