

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733952

1. Entity Name

UNIVERSITY VILLAGE EAST CONDOMINIUM I ASSOCIATIO

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90086 032 ****61.25

Principal Place of Business	Mailing Address
2700 S UNIVERSITY DR DAVIE FL 33328 US	P.O. BOX 291642 DAVIE FL 33329-1642 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
Zip	Country	Zip	Country
		59-2546877	Not Applicable

4. FEI Number	Applied For
59-2546877	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMAN, LUIS
2700 SOUTH UNIVERSITY DRIVE
UNIT 3B
DAVIE FL 33328

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROMAN, LUIS	
STREET ADDRESS	2700 S. UNIVERSITY DR., #3B	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRANE, BILL	
STREET ADDRESS	2700 S UNIVERSITY DR., #1A	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MORGAN, JOE	
STREET ADDRESS	2700 S UNIVERSITY DR., #3C	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2000 (954) 423-7052
 Date Daytime Phone #

CR2E037 (9/99)