

2000 UNIFORM BUSINESS REPORT (UBR)

3/20/20

FILED
Jun 16, 2000 8:00 am
Secretary of State

03-20-2000 90097 032 ****61.25

DOCUMENT # 735950

1. Entity Name

SOUTHEND APARTMENTS, INC.

(R)

Principal Place of Business

927 SO. G. STREET
 LAKE WORTH FL 33460

Mailing Address

927 SO. G. STREET
 LAKE WORTH FL 33460-4843

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

suite # 7

Suite, Apt. #, etc.

Suite # 7

City & State

City & State

4. FEI Number

59-1690661

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILSKA, PAULINE H
927 SOUTH G STREET #8
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name **Amine Awad**

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

927 S.G. St. #7

City **Lake Worth**

FL

Zip Code **33460**

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.

AMINE F. AWAD

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

TITLE **PD**
 NAME **HAARA, PERTTI**
 STREET ADDRESS **927 SOUTH G STREET**
 CITY-ST-ZIP **LAKE WORTH FL**

Delete

TITLE **D**
 NAME **HILSKA, PAAVO**
 STREET ADDRESS **927 SOUTH G STREET**
 CITY-ST-ZIP **LAKE WORTH FL**

Delete

TITLE **STD**
 NAME **HILSKA, PAULINE H**
 STREET ADDRESS **927 S. G ST.**
 CITY-ST-ZIP **LAKE WORTH FL**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P.D**
 NAME **PERTTI HAARA**
 STREET ADDRESS **927 South G St X 15**
 CITY-ST-ZIP **Lake worth FL 33460**

Change Addition

TITLE **SEC.+D**
 NAME **4662 COCONUT ROAD**
 STREET ADDRESS **LAKE WORTH FL 33460**
 CITY-ST-ZIP **KARI REPO**

Change Addition

TITLE **TRE.+D**
 NAME **927 South G St**
 STREET ADDRESS **apt 7 - Lake worth FL**
 CITY-ST-ZIP **33460**
AMINE F. AWAD

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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, who all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)