

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90469 017 ****70.00

DOCUMENT # 737990

1. Entity Name

ARISTA PARK CONDOMINIUM, INC.

Principal Place of Business

**7175 NOVA DRIVE-BOX 511
 DAVIE FL 33317**

Mailing Address

**7175 NOVA DRIVE-BOX 511
 DAVIE FL 33317**

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 **59-1882170**

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

**NACHMAN, IRVIN
 4441 STIRLING ROAD
 F. LAUDERDALE FL 33314**

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

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 NAME	D <input checked="" type="checkbox"/> Delete
STREET ADDRESS	TRANCE, TED
CITY-ST-ZIP	7175 NOVA DR #510 DAVIE FL 33317
TITLE NAME	DVP <input checked="" type="checkbox"/> Delete
STREET ADDRESS	PALMEIRI, VINCENT
CITY-ST-ZIP	7175 NOVA DR #506 DAVIE FL 33317
TITLE NAME	DP <input checked="" type="checkbox"/> Delete
STREET ADDRESS	BUNCOME, ROY
CITY-ST-ZIP	7175 NOVA DR #104 DAVIE FL 33317
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	VAN ALLEN, DEBRA
CITY-ST-ZIP	7175 NOVA DR 502 DAVIE FL 33317
TITLE NAME	D <input checked="" type="checkbox"/> Delete
STREET ADDRESS	VYRLAS, ELEN
CITY-ST-ZIP	7175 NOVA DR 206 DAVIE FL 33317
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	GRANT, ROSE
CITY-ST-ZIP	7175 NOVA DR, #405 DAVIE FL 33317

TITLE NAME	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	ELAINE WOLF
CITY-ST-ZIP	7175 NOVA DR #104 DAVIE, FL 33317
TITLE NAME	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	AMY LOPEZ
CITY-ST-ZIP	7175 NOVA DR #206 DAVIE, FL 33317
TITLE NAME	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	BONNIE BROOKINS
CITY-ST-ZIP	7175 NOVA DR #502 DAVIE, FL 33317
TITLE NAME	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE 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:

ELAINE WOLF

4/13/02 954-370-2468

CR2E037 (9/01)