

2001 UNIFORM BUSINESS REPORT (UBR)

03-26-2001 9015700172,695:00

003237

DOCUMENT # 744526

1. Entity Name

MARTINIQUE VILLAGE II "A" CONDOMINIUM ASSOCIATIO

Principal Place of Business

1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066
US

Mailing Address

1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066
US

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

59-1836433

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

RAVO, PAT T.
1310 AVENUE OF THE STARS
1001 WYNMOOR CRCL
COCONUT CREEK FL 33066

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	VD	<input type="checkbox"/> Delete
NAME	MILLER, EVELYN	
STREET ADDRESS	4702 MARTINIQUE DR APT B-4	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BENKOWITZ, MARTIN	
STREET ADDRESS	4702 MARTINIQUE DR APT F1	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAPTAIN, RITA	
STREET ADDRESS	4702 A-3 MARTINIQUE DR.	
CITY-ST-ZIP	COCONUT CREEK, FL 0	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AUGUSTINE, MARIE	
STREET ADDRESS	4702 MARTINIQUE DRIVE APT G4	
CITY-ST-ZIP	COCONUT CREEK, FL 0 33066	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBIN, HELEN	
STREET ADDRESS	4702 MARTINIQUE DR APT A-4	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN BENKOWITZ 1/29/01 (954) 978-2100

Date

Daytime Phone #

CR2E037 (10/00)

FILED
01 MAR 26 AM 10:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE