

2001 UNIFORM BUSINESS REPORT (UBR)

03-26-2001 90157 001 *2,695.00

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DOCUMENT # 744588

1. Entity Name

MARTINIQUE VILLAGE II "D" CONDOMINIUM ASSOCIATIO

FILED
01 MAR 26 AM 11:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

1310 AVENUE OF THE STARS
 COCONUT CREEK FL 33066
 US

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 COCONUT CREEK FL 33066
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1837596

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

7. Name and Address of New Registered Agent

RAVO, PAT T.
1310 AVENUE OF THE STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
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 | VPD | <input type="checkbox"/> Delete |
| NAME | MEYER, HENRY | |
| STREET ADDRESS | 4401 A1 MARTINIQUE CT | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | KATZ, SAM | |
| STREET ADDRESS | 4401 MARTINIQUE COURT APT F-4 | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | HIRSCH, PEARL | |
| STREET ADDRESS | 4401 MARTINIQUE COURT APT B-3 | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | ROBINS, ALFRED | |
| STREET ADDRESS | 4401 MARTINIQUE COURT APT C-4 | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GENS, GEORGE | |
| STREET ADDRESS | 4401 MARTINIQUE COURT APT D-1 | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| 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 | | |
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| 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: SIGNATURE OF REGISTERED AGENT **SAM KATZ** 1/18/01 **(954) 978-2600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)