

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750201

1. Entity Name

STONEBRIDGE GARDENS, SECTION THREE, CONDOMINIUM

Principal Place of Business

2900 NORTHWEST 55TH AVE.  
LAUDERHILL FL 33313

Mailing Address

2900 NORTHWEST 55TH AVE.  
LAUDERHILL FL 33313-1402

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2085860

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PROCTON, LLOYD W ESQ.  
400 S.E. 10TH ST.  
FT. LAUDERDALE FL 33316~~

7. Name and Address of New Registered Agent

Name: Dennis J. Eisenger Esq.  
Street Address (P.O. Box Number is Not Acceptable): 4000 Hollywood Boulevard, #2655  
Phillips, Eisenger et al.  
City: Hollywood FL Zip Code: 33021

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]*

4/25/00

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	<input type="checkbox"/> Delete
NAME	HATTEN, GABBY E	
STREET ADDRESS	2900 N.W. 55 AVE.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	HANSEN, KAREN	
STREET ADDRESS	2900 NW 55 AVE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARKS, JEFFREY	
STREET ADDRESS	2900 NW 55 AVE	
CITY-ST-ZIP	LAUDERHILL FL 33313	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33313	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFAEL NUNEZ	
STREET ADDRESS	2900 NW 55 AVE	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
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
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 REQUIRED

*Gabby E Hatten*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED  
May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90092 008 \*\*\*\*61.25

CR2E037 (9/99)