

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90071 046 \*\*\*\*61.25

**DOCUMENT # 750205**

1. Entity Name

**STONEBRIDGE GARDENS, SECTION ONE, CONDOMINIUM AS SOCIATION, INC.**

Principal Place of Business

Mailing Address

**2900 NORTHWEST 55TH AVE.  
 LAUDERHILL FL 33313**

**2900 NORTHWEST 55TH AVE.  
 LAUDERHILL FL 33313**

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 **59-2085864**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EISLNGER, DENNIS L ESQ  
 4000 HOLLYWOOD BLVD 265S  
 HOLLYWOOD FL 33021**

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 **PD**  Delete  
 NAME **SCHNEIDER, EDGAR R**  
 STREET ADDRESS **2900 N.W. 55 AVE.**  
 CITY-ST-ZIP **LAUDERHILL FL**

TITLE **SD**  Change  Addition  
 NAME **Edgar R Schneider**  
 STREET ADDRESS **2900 NW 55 Ave**  
 CITY-ST-ZIP **Lauderhill FL 33313**

TITLE **VTD**  Delete  
 NAME **WOLFE, RAPHAEL**  
 STREET ADDRESS **2900 NW 55 AVE**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **VTD**  Change  Addition  
 NAME **Fred Gentile**  
 STREET ADDRESS **2900 NW 55 Ave**  
 CITY-ST-ZIP **Lauderhill, FL 33313**

TITLE **SD**  Delete  
 NAME **MARKS, JEFFREY**  
 STREET ADDRESS **2900 NW 55 AVENUE**  
 CITY-ST-ZIP **LAUDERHILL FL**

TITLE **PD**  Change  Addition  
 NAME **Hansram Ramrup**  
 STREET ADDRESS **2900 NW 55 Ave**  
 CITY-ST-ZIP **Lauderhill, FL 33313**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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**

**4/5/02 954-739-6082**  
 Date Daytime Phone #

CR2E037 (9/01)