

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 755993**

1. Entity Name

**7 EAST CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90040 049 \*\*\*\*61.25

Principal Place of Business

535 NE 7 AVENUE  
 FT. LAUDERDALE FL 33301

Mailing Address

535 NE 7 AVENUE  
 FT. LAUDERDALE FL 33301-1280

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

**59-2478232**

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

**TIGHE, TOM**  
**800 E BROWARD BLVD**  
**STE 505**  
**FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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

*Tom Tighe*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4.7.2000*

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SENKO, RICK</b>	
STREET ADDRESS	<b>575 NE 7TH AVE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ROSENBERG, ROBERT</b>	
STREET ADDRESS	<b>579 NE 7 AVE.</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>KING, DOUGLAS</b>	
STREET ADDRESS	<b>571 NE 7TH AVE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>KING, HANZ</b>	
STREET ADDRESS	<b>575 NE 7TH AVE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>AL</b>	<input checked="" type="checkbox"/> Deleted
NAME	<b>BOOTES, STEVE</b>	
STREET ADDRESS	<b>539 NE 7 AVE</b>	
CITY-ST-ZIP	<b>FT. LAUD. FL 33301</b>	
TITLE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4.7.2000*

Home Phone #

CR2E037 (9/99)