

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762104

1. Entity Name

SOMBRERO BEACH APARTMENTS CONDOMINIUM, INC.

Principal Place of Business

302 #1 SOMBRERO BEACH RD
MARATHON FL 33060
US

Mailing Address

JOSEPH BRUTTO
1020 SOUTHWEST 93RD PL
MIAMI FL 33174
US

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 59-2407592

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUTTO, JOSEPH
1020 SOUTHWEST 93RD PL
MIAMI FL 33174

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

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
After September 12, 2001, min. will be \$236.25

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 ☐ Delete

NAME BRUTTO, JOSEPH
STREET ADDRESS 302 SOMBRERO RD.
CITY-ST-ZIP MARATHON, FL 00000

TITLE VD ☒ Delete

NAME JANECEK, EDWARD
STREET ADDRESS 302 SOMBRERO RD.
CITY-ST-ZIP MARATHON, FL 00000

TITLE SD ☐ Delete

NAME GAGLIARDINI, NANCY
STREET ADDRESS 302 SOMBRERO RD.
CITY-ST-ZIP MARATHON FL

TITLE DT ☐ Delete

NAME BARBOUR, STEVE
STREET ADDRESS 302 SOMBRERO RD.
CITY-ST-ZIP MARATHON FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE JAMES GAGLIARDINI ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 BRUTTO

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90011 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

7/5/01 305-552-7765