

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770952

1. Entity Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "2" AS

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90150 016 *****61.25

0001289

Principal Place of Business

Mailing Address

C/O D.C.I.
2035 Harding St. Suite 200
HOLLYWOOD FL 33020
US

C/O D.C.I.
2035 Harding St Suite 200
Hollywood, FL 33020
US

2. Principal Place of Business

2035 Harding St
Suite, Apt. #, etc.
Suite 200

3. Mailing Address

2035 Harding St
Suite, Apt. #, etc.
Suite 200

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33020

Country

US

Zip

33020

Country

US

6. Name and Address of Current Registered Agent

MEYROWITE, ANDREW

C/O D.C.I.
2035 Harding St Suite 200
HOLLYWOOD FL 33020

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

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 NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, SANDRA 761 NE 199 ST. #101 MIAMI FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUZMAN, MARSHA 761 NE 199 ST. #203 MIAMI FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOA, BARBARA E LEVI 761 N.E. 199TH ST SUITE 103 MIAMI FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRANT, SASI K 761 N.E. 18 9TH ST. MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Guzman, Hector 761 NE 199 St. #203 Miami, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Guzman, Marsha 761 NE 199 St. #203 Miami, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

Barbara E Levi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01 3056532409
Date Daytime Phone #

CR2E037 (10/00)