

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90165 005 ****61.25

DOCUMENT # 771013

1. Entity Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "6" AS

Principal Place of Business

Mailing Address

C/O DCI
 2901 SIMMS ST
 HOLLYWOOD FL 33020
 US

C/O DCI
 2901 SIMMS ST
 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

U.S.

Zip

33020

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2360495

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYROWITZ, ANDREW

C/O DCI
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)

[Signature]
 3/2/01
 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	PARKER, LISA	
STREET ADDRESS	819 NE 199 ST #105	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CABALLERO, CHRIS	
STREET ADDRESS	819 NE 199ST #206	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCCRARY, CATHY	
STREET ADDRESS	819 NE 199 ST #101	
CITY-ST-ZIP	N MIAMI BCH FL	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-01-01 305 872-0060
 Date Daytime Phone #

CR2E037 (10/00)