

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 807442

1. Entity Name

RIO GRANDE APARTMENTS, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90071 038 \*\*\*150.00

Principal Place of Business

576 HENDRICKS ISLE  
 FORT LAUDERDALE FL 33301  
 US

Mailing Address

C/O RONALD SEIBERT

~~1135 S.E. 14 PL. #22-B~~

FORT LAUDERDALE FL ~~33316~~ 33304

569 Bayshore



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-2545276

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEIBERT, RONALD

~~1135 S.E. 14 PL.~~

FORT LAUDERDALE FL ~~33316~~

569 Bayshore DR #5  
 33304

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

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME PD  
 STREET ADDRESS OLSON, WALLY  
 CITY-ST-ZIP 306 WELLINGWOOD CT.  
 E. AMHURST NY 14051 ☐ Delete

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

TITLE  
 NAME SD  
 STREET ADDRESS MARTIN, GEORGE  
 CITY-ST-ZIP 3015 SEVILLE ST  
 FT. LAUDERDALE FL ☐ Delete

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

TITLE  
 NAME TD  
 STREET ADDRESS SEIBERT, RONALD  
 CITY-ST-ZIP 1135 S.E. 14 PL., APT. 22-B  
 FORT LAUDERDALE FL 33316 ☐ Delete

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

TITLE  
 NAME VD  
 STREET ADDRESS KELLY, ROBERT  
 CITY-ST-ZIP 504 BAYROD AVE.  
 REHOBOTH DE 19971 ☐ Delete

TITLE  
 NAME VP  
 STREET ADDRESS Cohen, Richard  
 CITY-ST-ZIP 247 OLD OAK POST Rd  
 E AMHURST, N.Y. 14051 ☒ Change ☐ Addition

TITLE  
 NAME D  
 STREET ADDRESS POTTERF, JOEL  
 CITY-ST-ZIP 1609 SW 17TH AVE  
 FT LAUDERDALE FL 33312 ☐ Delete

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/99)