

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05471

1. Entity Name

ENVIRON TOWERS II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7300 RADICE COURT
LAUDERHILL FL 33319

7300 RADICE COURT
LAUDERHILL FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2506971

Applied For

Not Applicable

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

SCHATZMAN, HAROLD H.
7300 RADICE CT.
LAUDERHILL FL 33319

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SCHATZMAN, HAROLD H.
STREET ADDRESS 7300 RADICE COURT
CITY-ST-ZIP LAUDERHILL FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE VD
NAME STOFF, LARRY
STREET ADDRESS 7400 RADICE CT
CITY-ST-ZIP LAUDERHILL FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE TD
NAME WEITZ, WILLIAM
STREET ADDRESS 7400 RADICE COURT
CITY-ST-ZIP LAUDERHILL FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE S
NAME JACOBUS, DORIS G.
STREET ADDRESS 7300 RADICE COURT
CITY-ST-ZIP LAUDERHILL FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 5/16/02 Daytime Phone 954 733 0285

CR02037 (9/01)

FILED
May 28, 2002 8:00 am
Secretary of State

05-06-2002 90253 034 ****61.25



DO NOT WRITE IN THIS SPACE