

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-19-2001 90265 010 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13307

1. Entity Name

VANHOE WEST AT CENTURY VILLAGE CONDOMINIUM II A

Principal Place of Business

Mailing Address

C/O PRIME MANAGEMENT GROUP, INC.
 9728 PINES BLVD
 PEMBROKE PINES FL 33024
 US

C/O PRIME MANAGEMENT GROUP, INC.
 9728 PINES BLVD
 PEMBROKE PINES FL 33024 33024
 US

2. Principal Place of Business

3. Mailing Address

15951 SW 41 Street

15951 SW 41 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 150

Suite 150

City & State

City & State

Davie, FL

Davie, FL

Zip

Zip

33321

33321

Country

Country

4. FEI Number

65-0035381

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

Name

Street Address (P.O. Box Number is Not Acceptable)

15951 SW 41 Street Suite 150

City Davie

FL

Zip Code 33321

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	PD	<input type="checkbox"/> Delete
NAME	STRAUSS, TINY	
STREET ADDRESS	1551 S.W. 135TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KALTER, TILLIE	
STREET ADDRESS	1551 S.W. 135TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SLANSKY, ISRAEL	
STREET ADDRESS	1551 SW 135TH TERR.	
CITY-ST-ZIP	PEMBROKE PINES 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MARVIN SLANSKY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1551 SW 135 TERR, #105	(D)
STREET ADDRESS	PEMBROKE PINES, FL - 33027	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. 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

Tillie Kalter

2/7/01

(954) 431-4767

CR2E037 (9/99)