

2001. UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90047 013 ****61.25

DOCUMENT # N14593

1. Entity Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "26" A

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

UUUJU00J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2035 Harding St.

3. Mailing Address

2035 Harding St.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

59-2549691

Applied For

Not Applicable

Zip

33020

Country

U.S.

Zip

33020

Country

U.S.

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

MEYROWITZ, ANDREW

C/O DCI

2035 Harding St. Suite 200
HOLLYWOOD FL 33020

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 NAME Delete
PD GRANT, AILEEN
 STREET ADDRESS **905 NE 199TH STREET, #202**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
STD PATTERSON, ANDREA
 STREET ADDRESS **905 N.E. 199TH ST., #204**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
VPD CHUNG, TREVOR
 STREET ADDRESS **905 NE 199TH ST #105**
 CITY-ST-ZIP **MIAMI FL 33179**

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

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIG. AILEEN GRANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01 305 652 7996

DATE Daytime Phone #

CR2E037 (10/00)