

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

0033793

DOCUMENT # N17885

1. Entity Name

BUCKINGHAM AT CENTURY VILLAGE CONDOMINIUM #II AS

01-31-2001 90185 001 ****61.25

Principal Place of Business

Mailing Address

**ARISTA SOUTH
 12229 PEMBROKE RD.
 PEMBROKE PINES FL 33025**

**ARISTA SOUTH
 12229 PEMBROKE RD.
 PEMBROKE PINES FL 33025**



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

65-0035398

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

**ARISTA SOUTH
 12229 PEMBROKE RD.
 PEMBROKE PINES FL 33025**

Name **CHARLES W. DAVIS**

Street Address (P.O. Box Number is Not Acceptable)
12229 Pembroke Road

City **Pembroke Pines**

FL

Zip Code **33025**

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

Charles W Davis **CHARLES W. DAVIS, Registered Agent** 1/11/2001

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 **DP ELLMAN, ENID** ☒ Delete
 STREET ADDRESS **901 SW 128TH AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

TITLE
 NAME **STD GUZIK, GILBERT** ☒ Delete
 STREET ADDRESS **701 SW 128TH AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

TITLE
 NAME **DVP HYMES, MARION** ☒ Delete
 STREET ADDRESS **12800 SW 7 CT**
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE
 NAME **DVP HYMES, MARION** ☒ Change ☐ Addition
 STREET ADDRESS **12800 SW 7 CT G-105**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **DPT RUDOLPH P. JANU** ☒ Change ☒ Addition
 STREET ADDRESS **701 SW 128 AVENUE F-104**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **DS HEYMAN, RUTH** ☐ Change ☒ Addition
 STREET ADDRESS **901 SW 128 AV E-306**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

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:

Rudolph P. Janu **Pres. RUDOLPH P. JANU (954) 436-5888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)