

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23327

1. Entity Name

THE PALMS ON THE CREEK CONDOMINIUM ASSOCIATION,

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90014 046 ****61.25

Principal Place of Business

Mailing Address

2370 NE 135TH STREET., #406
NORTH MIAMI FL 33181
US

2370 NE 135TH STREET., #406
NORTH MIAMI FL 33181-3585
US

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

65-0175038

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

BOSCHETTI, JOSE R
2901 SW 8 STREET, SUITE #204
SOUTH MIAMI FL 33135

Name

Donna M. DeLong

Street Address (P.O. Box Numbers Not Acceptable)

2370 NE 135th St. Suite 209

City

N. Miami

FL

Zip Code 33181

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	<input checked="" type="checkbox"/> Delete
NAME	GRUSKIN, ERICA	
STREET ADDRESS	2370 NE 135TH STREET., #406	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BOSCHETTI, JOSE R	
STREET ADDRESS	2901 SW 8TH STREET., #204	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	POLO, ISABEL	
STREET ADDRESS	2370 NE 135TH STREET., #306	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna M. DeLong	
STREET ADDRESS	2370 NE 135th St. #209	
CITY-ST-ZIP	N. Miami, FL 33181	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Honey Levine	
STREET ADDRESS	2370 NE 135th St. #301	
CITY-ST-ZIP	N. Miami, FL 33181	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christian Nabel	
STREET ADDRESS	2370 NE 135th St. #205	
CITY-ST-ZIP	N. Miami, FL 33181	
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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

954.233.1533