2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50469

Entity Name

RO-MONT SOUTH CONDOMINIUM "Q," INC.

FILED Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90195 027 ****61.25

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Principal Place of Business Mailing Address				-	7				
20314 NE 2 AVE N MIAMI BEACH FL 33179		20314 NE 2 AVE N MIAMI BEACH FL 33179-2344			იიიაიამა				
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2. Principal Place of Business		3. Mailing Address]					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Numbe	65-0031474	J	plied For t Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current R		legistered Agent		 _	7. Name and Address of New Registered Agent				
				Name RO-MONT SOUTH EXECUTIVE COUNCIL INC.					
				Street Address (P.O. Box Number is Not Acceptable)					
JENNINGS, ASTON				Street Address (P.O. Box Number is Not Acceptable) 20314 NE 2ND AVE					
65 NE 202 APT Q-27	ZIERK								
N MIAMI FL 33179			City	City NORTH MIAMI BEACH FL 33/79					
8. The above named entity submits this statement for the purpose of changing its registered office or registered						h in the state of Florida.	_ 1 237	<i>/</i> /	
o. The above	rigined entity addition the statement re	or the purpose of changing no h	ogiotoroa omot	or regioter	od agont, or so.	1	ŗ		
SIGNATURE X DECEASED ASTON JENNINGS 4/18/00									
SIGNATURE A	Signature, typed or printed name of registered agent		Registered Agent si			DATE	00		
	· ·								
FILE NOW: 9. Election Campaign Financing \$					00 May Be	Make Check	Pavable to	`	
FEE IS \$61.25				00 May Be Make Check Payable to Department of State					
						<u> </u>			
10.	OFFICERS AND DI		11.	1		ANGES TO OFFICERS AND D			
TITLE	PD ACTON	Delete	TITLE NAME	D.	Z MERC	Enes	Ľv.	文: .2.	
NAME STREET ADDRESS	JENNINGS, ASTON 65 NE 202 TERR Q-27		STREET ADDRE	S 65	NE 202	TERK.			
CITY-ST-ZIP	N MIAMI FL		CITY-ST-ZIP	-N.	MIAMI BE	ACH; FL, 33179		,	
TITLE	VD	☐ Delete	TITLE				Change	Addition	
NAME	POSNAK, SYLVIA		NAME	Pos	NACK, 54	TERRACE Q-10			
STREET ADDRESS	65 NE 202 TERRACE Q-10		STREET ADDRE	S 65	NE ZOZ				
CITY-ST-ZIP	N MIAMI BEACH FL		CITY-ST-ZIP	N.1	MIAMI BEI	KH, FL 33179			
TITLE	TD	Delete	TITLE	SD	H, BERN	ic.K	Change	Addition	
NAME STREET ADDRESS	FORTIN, J		NAME STREET ADDRE	S 105	NE ZOZ	TERR Q-32			
CITY-ST-ZIP	65 NE 202 TERR Q-04 N MIAMI BCH FL		CITY-ST-ZIP			sc4, FL 33179			
TITLE	D	☐ Delete	TITLE	VD			Change	⊠ Addition	
NAME	LEVENTHAL, IRENE		NAME	CHE	hac' go And	DA)			
STREET ADDRESS	65 NE 202 TERR Q24		STREET ADDRES	S 65	HE ZOZ	TELR. Q-28			
CITY-ST-ZIP	N MIAMI BCH FL		CiTY-ST-ZIP		WIAMI BE	ACH, FL 33179			
TITLE	D DATE DATE DATE DATE DATE DATE DATE DAT	S Qelete	TITLE	TD	12 m D A	worly	☐ Change	Addition	
NAME STREET ADDRESS	SERAFIN, BAZAN		NAME STREET ADDRES	S / 1	VEZ, RAMI NE ZOZ	TELL			
CITY-ST-ZIP	65 NE 202 TER Q21		CITY-ST-ZIP	N.	MIAMI BE	ACH, FL 33179			
TITLE	D	□ Delete	TITLE	D		······································	Change	Addition	
NAME	ROTH, BERNICE		NAME	VAF	FA. ANNE	TERR. Q-2	_: •		
STREET ADDRESS	65 NE 202 TERR Q32		STREET ADDRES	\$ 45	NE 202	terr. Q-2			
CITY-ST-ZIP	N MIAML BOH FL		CITY-ST-ZIP	N.	MIAMI BG	ACH, FL 33179			

12. I hereby certify that the information supplied with this filling 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 trustes 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 orderess, with all other like empowered.

SIGNATURE: 4

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