

0000 UNIFORM BUSINESS REPORT (UBR)

4/11/00

DOCUMENT # N99000000364

1. Entity Name

PALMETTO INDUSTRIAL PARK CONDOMINIUM ASSOCIATION

FILED
May 22, 2000 8:00 am
Secretary of State

04-11-2000 90221 030 ****61.25

Principal Place of Business

Mailing Address

1100 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

1100 PONCE DE LEON BLVD.
CORAL GABLES FL 33134-3322

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

65-0940246

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

HELLMAN, MAYNARD J

1100 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

150 S. PINE ISLAND RD
#500
PLANTATION FL 33324

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	HELLMAN, MAYNARD J	1100 PONCE DE LEON BLVD. CORAL GABLES FL 33134	<input type="checkbox"/>			150 S PINE ISLAND RD #500 PLANTATION, FL 33324		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D	GREEN, MALINDA	1100 PONCE DE LEON BLVD. CORAL GABLES FL 33134	<input type="checkbox"/>			150 S PINE ISLAND RD #500 PLANTATION, FL 33324		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PSTD	RIDGLEY, HERB	6500 SW 111 STREET MIAMI FL 33156	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Herb Ridgley **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

Date

Daytime Phone #

CR2E037 (9/99)