

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711438

1. Entity Name

APRIL BREEZE ASSOCIATION, INC., A CONDOMINIUM AS

**FILED**  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90044 035 \*\*\*\*61.25

Principal Place of Business  
1333 EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

Mailing Address  
1333 EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009-4625

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  
59-1227500

Applied For

Not Applied For

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

SPINELLI, RALPH  
1333 EAST HALLANDALE BCH BLVD  
HALLANDALE FL 33009

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

TITLE DPV  
NAME SPINELLI, RALPH  
STREET ADDRESS 1333 EAST HALLANDALE BEACH BLVD. #214  
CITY-ST-ZIP HALLANDALE FL 33009 ☒ Delete

TITLE DPV  
NAME FIORELLO, JOSEPH  
STREET ADDRESS 1333 EAST HALLANDALE BEACH BLVD. #207  
CITY-ST-ZIP HALLANDALE FL 33009 ☒ Delete

TITLE DVP  
NAME BAKER, CHRIS  
STREET ADDRESS 1333 EAST HALLANDALE BEACH BLVD. #203  
CITY-ST-ZIP HALLANDALE FL 33009 ☒ Delete

TITLE D  
NAME BEISS, LUDWIG  
STREET ADDRESS 1333 EAST HALLANDALE BEACH BLVD. #201  
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE D  
NAME POLITO, EDWARD  
STREET ADDRESS 1333 EAST HALLANDALE BEACH BLVD. #101  
CITY-ST-ZIP HALLANDALE FL 33009 ☒ Delete

TITLE TS  
NAME FIORELLO, CARLA  
STREET ADDRESS 1333 EAST HALLANDALE BEACH BLVD. #207  
CITY-ST-ZIP HALLANDALE FL 33009 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP  
NAME SPINELLI, RALPH  
STREET ADDRESS 1333 E Hallandale Bch Blv #214  
CITY-ST-ZIP Hallandale, FL ☒ Change ☐ Addition

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

TITLE D  
NAME BAKER, CHRIS  
STREET ADDRESS 1333 E Hallandale Bch Blv #203  
CITY-ST-ZIP Hallandale, FL ☒ Change ☐ Addition

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

TITLE DP  
NAME POLITO, EDWARD  
STREET ADDRESS 1333 E Hallandale Bch Blv #101  
CITY-ST-ZIP Hallandale, FL ☒ Change ☐ Addition

TITLE DT  
NAME SEVACCA, GILDA  
STREET ADDRESS 1333 E Hallandale Bch Blv #112  
CITY-ST-ZIP Hallandale, FL ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-2000

954-458-8104