

2000 UNIFORM BUSINESS REPORT (UBR)

1/

DOCUMENT # N13307

1. Entity Name

NANHOE WEST AT CENTURY VILLAGE CONDOMINIUM II A

FILED
Apr 25, 2000 8:00 am
Secretary of State

01-27-2000 90142 010 ****61.25

Principal Place of Business

Mailing Address

C/O PRIME MANAGEMENT GROUP, INC.
9728 PINES BLVD
PEMBROKE PINES FL 33024
US

C/O PRIME MANAGEMENT GROUP, INC.
9728 PINES BLVD
PEMBROKE PINES FL 33024
US

2. Principal Place of Business

15951 SW 41 Street

3. Mailing Address

15951 SW 41 Street

Suite, Apt. #, etc.

Suite 150

Suite, Apt. #, etc.

Suite 150

City & State

Dawie, FL

City & State

Dawie, FL

Zip

33024

Country

Zip

33024

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0035381

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNITZER, STEVE
C/O PRIME MANAGEMENT GROUP, INC.
9728 PINES BLVD
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

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

15951 SW 41 Street Suite 150

City

Dawie

FL

Zip Code

33024

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	PD	<input type="checkbox"/> Delete
NAME	STRAUSS, TINY	
STREET ADDRESS	1551 S.W. 135TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KALTER, TILLIE	
STREET ADDRESS	1551 S.W. 135TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SLANSKY, ISRAEL	
STREET ADDRESS	1551 SW 135TH TERR.	
CITY-ST-ZIP	PEMBROKE PINES FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARVIN SLANSKY	
STREET ADDRESS	1551 SW 135TH TERR	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TILLIE KALTER
11/18/2000 431-4767

CR2E037 (9/99)