

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725806

1. Entity Name

JOE RON NORTH CONDOMINIUM, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90166 048 ****61.25

Principal Place of Business 2633 PIERCE STREET HOLLYWOOD FL 33020	Mailing Address 2633 PIERCE STREET HOLLYWOOD FL 33020-3886
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 202	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1548965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HORULKO, ALEX
2633 PIERCE ST
#105
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name **Vincent Juliao**
Street Address (P.O. Box Number is Not Acceptable) **2633 Pierce Street**
Unit **#202**
City **Hollywood** **FL** Zip Code **33020**

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 *Vincent Juliao* DATE 4/9/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREIRA, JUVENCIO 2633 PIERCE ST, UNIT 101 HOLLYWOOD, FL 00000 33020 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACALUSO, RICHARD 2633 PIERCE ST., #108 HOLLYWOOD, FL 00000 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HORULKO, ALEX 2633 PIERCE ST, #105 HOLLYWOOD, FL 00000 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELLAPIETRO, GERTRUDE 2633 PIERCE ST., #104 HOLLYWOOD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREIRA, ANNA 2633 PIERCE ST., #101 HOLLYWOOD FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Vincent Juliao 2633 Pierce Street #202 Hollywood FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Mike Szabo 1501A Arthur St. Hollywood, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Tanya Kovatchv 2633 Pierce Street #208 Hollywood, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Meacham 3215 Van Buren St. Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Vincent Juliao* DATE 4/9/00 974 9272215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 974 6100371

CR2E037 (9/99)