

2000 UNIFORM BUSINESS REPORT (UBR)

5/15

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-15-2000 90175 050 ****70.00

DOCUMENT # N97000000419

1. Entity Name

VICTORIA MEWS HOMEOWNER'S ASSOCIATION, INC.*R*

Principal Place of Business

**332 NE 7TH AVENUE
FORT LAUDERDALE FL 33301**

Mailing Address

**332 NE 7TH AVENUE
FORT LAUDERDALE FL 33301-1693**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0840006

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

**WEISS, HENRY
332 NE 7TH AVENUE
FORT LAUDERDALE FL 33301**

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
	D WEISS, HENRY	332 NE 7TH AVENUE	FORT LAUDERDALE FL 33301	<input type="checkbox"/>
	D WEISS, CAROL	332 NE 7TH AVENUE	FORT LAUDERDALE FL 33301	<input type="checkbox"/>
	D RATCLIFFE, PHILIP E	332 NE 7TH AVENUE	FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/>
	D KIRK LAUTER	318 NE 7TH AVE	FT. LAUDERDALE, FL 33301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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"/>

CR2E037 (9/99)

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

4/28/00
Date**954-525-3220**
Daytime Phone #