

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2000 8:00 am
Secretary of State

06-08-2000 90014 022 ****70.00

DOCUMENT # 737669

1. Entity Name

NOVA HILLS NORTH CONDOMINIUM, INC.

R

Principal Place of Business

Mailing Address

7560 NOVA DR
 DAVIE FL 33317

7560 NOVA DR
 DAVIE FL 33317-7002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1890641

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHOTOS, SUZANNE
 7558 NOVA DRIVE
 DAVIE FL 33317-4002

Name **DR. ABEL CEPEDA**

Street Address (P.O. Box Number is Not Acceptable)
7530 NOVA DRIVE

City **DAVIE**

FL

Zip Code
33317

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

Abel Cepeda

DR. ABEL F. CEPEDA, Resident

June 26, 2000

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 Delete
 NAME **TD**
METIN, GLORIA
 STREET ADDRESS **7524 NOVA DRIVE**
 CITY-ST-ZIP **DAVIE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
PHOTOS, SUE
 STREET ADDRESS **7558 NOVA DRIVE**
 CITY-ST-ZIP **DAVIE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
LANG, MINDY
 STREET ADDRESS **7550 NOVA DR**
 CITY-ST-ZIP **DAVIE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
CEPEDA, ABEL
 STREET ADDRESS **7530 NOVA DR**
 CITY-ST-ZIP **DAVIE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
GALIONE, ANGELA
 STREET ADDRESS **7542 NOVA DRIVE**
 CITY-ST-ZIP **DAVIE FL**

TITLE Change Addition
 NAME **SD/TD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Abel Cepeda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00

Date

(854) 475-0039

Daytime Phone #

CREATED 1999