

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90273 022 ****61.25

DOCUMENT # 710865

1. Entity Name

FOURTH MIRAMAR CONDOMINIUM, INC.

Principal Place of Business

6740 ARBOR DRIVE, APT 204
MIRAMAR FL 33023

Mailing Address

6740 ARBOR DRIVE, APT 204
MIRAMAR FL 33023

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1152196

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**DEVEAU, ELLEN
6740 ARBOR DRIVE
#207
MIRAMAR FL 33023**7. Name and Address of New Registered Agent**

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

Ellen Deveau

PD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SANIES, FRANCISCO
6740 ARBOR DR #103
MIRAMAR FL 33023TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MARTINEZ, KAREN
6740 ARBOR DR #204
MIRAMAR FL 33023TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DEVEAU, ELLEN
6740 ARBOR DR, #207
MIRAMAR FL 33023TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ELLEN, DEVEAU
6740 ARBOR DR #207
MIRAMAR FL 33023TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Ellen Deveau

PD

Date

Daytime Phone #

2/28/02 (954) 965-2239

CR2E037 (9/01)