

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90035 038 ****61.25

DOCUMENT # **725026**
1. Entity Name
FAIRCREST 14 MAINTENANCE CORP., INC.



80046413

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6990 NW 71 STREET
Suite, Apt. #, etc.
City & State
TAMARAC FLORIDA
Zip
33321 Country
US

3. Mailing Address
8211 W. BROWARD BLVD
Suite, Apt. #, etc.
SUITE PH-1
City & State
PLANTATION FLORIDA
Zip
33324 Country
US

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4. FEI Number
59-1512394 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent
Name **TONY GRECO**
Street Address (P.O. Box Number is Not Acceptable)
6990 NW 71 ST
City **TAMARAC FL** Zip Code **33321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Tony Greco VP** DATE **3-3-03**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARVIN OBERLANDER 7117 NW 71 STREET TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTHONY GRECO 7002 NW 71 AVENUE TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLORENCE STOCKHAMMER 6714 NW 71 STREET TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOSEPHINE CAPUTO 6801 NW 73 STREET TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD CHARLES STROBER 7010 NW 66 TERRACE TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD SANDRA BARTIKOWSKY 6715 NW 70 COURT TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address with all other like empowered.

SIGNATURE: **Tony Greco VP** DATE **3-3-03** 9547267069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)