

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 264354

Entity Name
CYPRESS LAKE NO 11, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90009 037 ***158.75

Principal Place of Business SE 9TH AVENUE POMPANO BEACH FL 33060		Mailing Address 1401 SE 9TH AVENUE 4 POMPANO BEACH FL 33060-9554 US	
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1916540	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

PEHLING, GAIL
1401 SE 9TH AVE., #4
POMPANO BCH FL 33060

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 <i>[Signature]</i>	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SERVILLA, MARIE 1401 SE 9TH AVE #2 POMPANO BCH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMPER, BRIQITTE 1401 SE 9TH AVE #1 POMPANO BCH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOKINGER, RICHARD 1401 SE 9TH AVE #3 POMPANO BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joyce, Rosemary 1401 SE 9TH AVE #3 Pompamo Bch, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEHLING, GAIL 1401 SE 9TH AVE #4 POMPANO BCH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Gail Pehling</i>	Date: 4-7-00	Daytime Phone #: 954-781-2775
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