2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709436

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ATTACHE GARDEN APARTMENTS, INC., A CONDOMINIUMM

Principal Place of Business

Mailing Address

2710 S. OCEAN DR. HOLLYWOOD FL 33019		2710 S. OCEAN DR. HOLLYWOOD FL 33019						
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
		·	·					
City & State		City & State		4. FEI Numbe	EO-1146E40		oplied For ot Applicable	
Zip Country		Zip	Country	5. Certificate	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New Registered	Agent		
POLIAKOFF, GARY A. BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FT. LAUDERDALE FL 33312				Name Colette M. Salvino Street Address (P.O. Box Number is Not Acceptable) 2710 S. Ocean Dr. #205 City Hollywood FL 33000				
	Colette M. Salvin Signature, typed or printed name of registered agent an FILE NOW: FEE IS \$61.25		n Financing	\$5.00 May Be Added to Fees	Make Check Departmen)	
10		TOTOPO			-			
TITLE	OFFICERS AND DIRI	ECTORS Defete	11.		ANGES TO OFFICERS AND D			
NAME STREET ADDRESS CITY-ST-ZIP	STARK, JAMES 2710 S OCEAN DR, #408 HOLLYWOOD FL 33019	Man Defete	NAME STREET ADDRESS CITY-ST-ZIP	2710 S. O	cean Dr. #205	<u>de</u> d,Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALVINO, COLETTE 2710 SOUTH OCEAN DRIVE #20 HOLLYWOOD FL 33019	⊠ Delete 5	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Star	ean Dr. #408	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEDESCHI, MIKE 2710 SOUTH OCEAN DRIVE #30 HOLLYWOOD FL 33019	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S Irene Cohe 2710 S. Oc	S ☐ Change x Addition Irene Cohen 2710 S. Ocean Dr. #204 Hollywood, Fl. 33019			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WEISS, LES 2710 SOUTH OCEAN DRIVE #40 HOLLYWOOD FL 33019	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	D Bert Bourg	oin ean Dr. #302	Change	☐ Addition	
TITLE NAME STREET ADDRESS	DT BOURGOIN, BERT	고도 Delete	TITLE NAME STREET ADDRESS			Change	Addition	

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

HOLLYWOOD FL 33019

2710 S OCEAN DR, #402

HOLLYWOOD FL 33019

MD

DAN, NICK

Colette M. Salvino

954-923-2348

Change

☐ Addition

FILED

Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90140 026 ****61.25