

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90022 020 ****61.25

DOCUMENT # 709436

1. Entity Name

ATTACHE GARDEN APARTMENTS, INC., A CONDOMINIUM

Principal Place of Business

**2710 S. OCEAN DR.
 HOLLYWOOD FL 33019**

Mailing Address

**2710 S. OCEAN DR.
 HOLLYWOOD FL 33019**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**SALVINO, COLETTE M
 2710 S. OCEAN DR. #205
 HOLLYWOOD FL 33019**

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

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

TITLE ☐ Delete
 NAME **P. SALVINO, COLETTE M**
 STREET ADDRESS **2710 S. OCEAN DR. #205**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
 NAME **D STARK, JAMES**
 STREET ADDRESS **2710 S. OCEAN DR #408**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
 NAME **D TEDESCHI, MIKE**
 STREET ADDRESS **2710 SOUTH OCEAN DRIVE #308**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
 NAME **DT WEISS, LES**
 STREET ADDRESS **2710 SOUTH OCEAN DRIVE #405**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
 NAME **D BOURGOIN, BERT**
 STREET ADDRESS **2710 S OCEAN DR #302**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
 NAME **MD DAN, NICK**
 STREET ADDRESS **2710 S OCEAN DR, #402**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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:

Colette M. Salvino **Colette M. Salvino** 2/25/02 (954) 923-2348

CR2E037 (9/01)