

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90034 048 \*\*\*\*61.25

**DOCUMENT # 709939**

1. Entity Name

**RO-MONT GARDENS ANDOVER CONDOMINIUM "G", INC.**

Principal Place of Business

Mailing Address

100 N.W. 204 ST.  
 BX 24  
 MIAMI FL 33169

100 N.W. 204 ST.  
 BX 24  
 MIAMI FL 33169-2677

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1321490**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALGANO, ANNA**  
 100 N.W. 204TH ST.  
 BLDG. G, APT. 20  
 MIAMI FL 33169

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 ANNA GALGANO-SECRETARY

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

(NOTE: Registered Agent signature required when reinstating)

3/9/00

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:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SALVATORE, ANTHONY</b>	
STREET ADDRESS	<b>100 N W 204TH BLDG 6, APT 2</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRASIL, JAMES</b>	
STREET ADDRESS	<b>100 N.W. 204TH ST., BLDG. G, APT..6</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HINES, GERALD</b>	
STREET ADDRESS	<b>100 NW 204TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOWNS, KENNETH</b>	
STREET ADDRESS	<b>100 N.W. 204TH ST., BLDG. G, APT. 5</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>GALGANO, ANNA</b>	
STREET ADDRESS	<b>100 NW 204TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SAVARD, PAUL</b>	
STREET ADDRESS	<b>100 N.W. 204TH ST., BLDG. G, APT. 22</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HINES, GERALD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>100 N.W. 204TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33169 BLDG G APT 6</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V. MAYRAND CHARLES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>100 N.W. 204TH ST.</b>	
CITY-ST-ZIP	<b>BLDG G APT. 15 MIAMI FL 33169</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ANTHONY SALVATORE JR. T.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

Date

305-654-7675

Daytime Phone #

CR2E037 (9/99)