

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 07, 2000 8:00 a.m.**  
**Secretary of State**

02-07-2000 90054 026 \*\*\*\*61.25

**DOCUMENT # 711854**

1. Entity Name

**LAKE PARK GARDENS #4. INC.**

Principal Place of Business

Mailing Address

**4770 NORTHWEST 10TH COURT  
 PLANTATION FL 33313**

**4770 NORTHWEST 10TH COURT  
 PLANTATION FL 33313-6584**

**913575**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1162463**

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75**

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILES, JAMES  
 C/O CONSOLIDATED MGMT  
 7686 WILES ROAD  
 CORAL SPRINGS FL 33067**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D**  
**DUCKWORTH, EDWARD**  
 STREET ADDRESS **4770 NORTHWEST 10TH COURT #206**  
 CITY-ST-ZIP **PLANTATION FL 33313**

TITLE  Change  
 NAME **V.P.**  
**GAITRI, PERSHAD**  
 STREET ADDRESS **4770 NW 10 CT, PLANTATION**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D PAES**  
**MCLEOD, MAPLE**  
 STREET ADDRESS **4770 NW 10TH CT #218**  
 CITY-ST-ZIP **PLANTATION FL 33313**

TITLE  Change  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**GOMBERT, GARY**  
 STREET ADDRESS **4770 NW 10TH CT #208**  
 CITY-ST-ZIP **PLANTATION FL 33313**

TITLE  Change  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**HENDERSON, JOHN**  
 STREET ADDRESS **4770 NW 10TH CT #202**  
 CITY-ST-ZIP **PLANTATION FL 33313**

TITLE  Change  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D PAES**  
**WHITTAKER, MARJORIE**  
 STREET ADDRESS **4770 NW 10TH CT #304**  
 CITY-ST-ZIP **PLANTATION FL 33313**

TITLE  Change  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  
 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maple A. McLeod 1/28/00 (954) 236