

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712063

1. Entity Name

CRYSTAL COURT NO. 4 CONDOMINIUM, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90273 029 \*\*\*\*61.25

Principal Place of Business 2621 & 2623 GRANT STREET HOLLYWOOD FL 33020	Mailing Address 2621 & 2623 GRANT STREET HOLLYWOOD FL 33020
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2397748</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent

AMBROSIA, MARY  
 2621 GRANT ST.  
 APT. 9A  
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name: **GROSSINGER, YVES**  
 Street Address (P.O. Box Number is Not Acceptable): **3621 GRANT STREET**  
 APT. 12b  
 City: **HOLLYWOOD** FL Zip Code: **33020**

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]* **YVES GROSSINGER, PRESIDENT** (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable.  
*[Signature]* **Mary Ambrosia**  
 Signature, typed or printed name of registered agent and title if applicable.  
 DATE: **Jan. 13/2000**

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: P <input checked="" type="checkbox"/> Delete	NAME: ANGRISANO, GEORGE STREET ADDRESS: 2621 GRANT ST CITY-ST-ZIP: HOLLYWOOD FL
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: WESTALL, ERNEST STREET ADDRESS: 2623 GRANT ST. #3A CITY-ST-ZIP: HOLLYWOOD FL 33020
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: DIRUZZO, MARY STREET ADDRESS: 2621 GRANT ST. #11A CITY-ST-ZIP: HOLLYWOOD FL 33020
TITLE: VD <input checked="" type="checkbox"/> Delete	NAME: TURSDALL, TRUDY STREET ADDRESS: 2623 GRANT ST. APT 1-A CITY-ST-ZIP: HOLLYWOOD FL
TITLE: T <input checked="" type="checkbox"/> Delete	NAME: AMBROSIO, MARY STREET ADDRESS: 2621 GRANT ST. #9A CITY-ST-ZIP: HOLLYWOOD FL
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>TREASURER THIBODEAU, RAYMONDE</b> STREET ADDRESS: <b>2621 GRANT ST. #12b</b> CITY-ST-ZIP: <b>HOLLYWOOD, FL. 33020</b>
TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>GROSSINGER, YVES</b> STREET ADDRESS: <b>2621 GRANT ST. #12b</b> CITY-ST-ZIP: <b>HOLLYWOOD, FL. 33020</b>
TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>SECRETARY D'AMOUR, EDWIGE</b> STREET ADDRESS: <b>2623 GRANT ST. #4A</b> CITY-ST-ZIP: <b>HOLLYWOOD, FL. 33020</b>
TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>DIRECTOR THIBODEAU, JEAN</b> STREET ADDRESS: <b>2623 GRANT ST. #1b</b> CITY-ST-ZIP: <b>HOLLYWOOD, FL. 33020</b>
TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>DIRECTOR MARCEAU, JACQUES</b> STREET ADDRESS: <b>2623 GRANT ST. #4b</b> CITY-ST-ZIP: <b>HOLLYWOOD, FL. 33020</b>
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: *[Signature]* **YVES GROSSINGER, PRESIDENT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: **Jan. 13/2000**  
 DAYTIME PHONE #: **954-923-0958**

CR2E037 (9/99)