

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
05-08-2002 90022 021 \*\*\*\*61.25

**DOCUMENT # 716275**

1. Entity Name

**PARK SOUTH TEN, INC. A CONDOMINIUM**

Principal Place of Business

Mailing Address

**1280 N.W. 43RD AVENUE  
LAUDERHILL FL 33313**

**1280 N. W. 43RD AVENUE  
LAUDERHILL FL 33313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1319750**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLOYD, POE  
1280 NW 43RD AVE  
APT 203  
LAUDERHILL FL 33313**

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 **PD** ☐ Delete  
NAME **FLOYD, POE**  
STREET ADDRESS **1280 NW 43RD AVE APT 203**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

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

TITLE **S** ☐ Delete  
NAME **ARCHAMBAULT, JOAN**  
STREET ADDRESS **1280 NW 42ND AVE APT 207**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33313**

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

TITLE **VTD** ☐ Delete  
NAME **SAUCIER, J R**  
STREET ADDRESS **1280 NW 43RD AVE #207**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

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

TITLE **D** ☐ Delete  
NAME **GANG, HENRY**  
STREET ADDRESS **1280 N.W. 43RD AVENUE, APT. 107**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

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

TITLE **D** ☐ Delete  
NAME **CICCONI, JOHN**  
STREET ADDRESS **1280 NW 43RD AVE APT 202**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

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

TITLE **D** ☐ Delete  
NAME **SILVERA, GERALD**  
STREET ADDRESS **1280 NW 43RD AVE APT 103**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33313**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01/31/02 954-486-0729**

CR2E037 (9/01)