

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716423

1. Entity Name

RO-MONT GARDENS ANDOVER CONDOMINIUM "F", INC.

Principal Place of Business

121 NE 204 STREET
NORTH MIAMI BEACH FL 33179

Mailing Address

121 NE 204 STREET
NORTH MIAMI BEACH FL 33179-6009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1321933

Applied For

Not Applicable

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

SAVIN, MITCHELL (#19F)
121 N.E. 204TH ST.
UNIT F19
MIAMI FL 33179

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ACOSTA, ILNA
121 NE 204TH ST UNIT F11
N. MIAMI BCH. FL 33179 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MELODY RANOS
121 NE 204 ST, UNIT F2
MIAMI FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PEDRO MATALEVO
121 NE 204 ST # F17
NMB. FL 33179 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
JUDITH CHOUINARD
121 NE 204ST, UNIT F15
MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SALLY KRANTZ
121 NE 204ST, UNIT F9
MIAMI FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GUY DESROSIER
121 NE 204 ST # F12
NMB. FL 33179 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SAVIN, MITCHELL
121 NE 204 ST UNIT F19
N MIAMI BCH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BOULANGER, LISE
121 NE 204TH ST UNIT F23
NORTH MIAMI BEACH FL 33179 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JULIA LANDAN
121 NE 204 ST # F9
N. M. B. FL 33179 ☒ Change ☐ Addition

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90141 005 ****61.25



DO NOT WRITE IN THIS SPACE

4/5/00

(305) 651-6201