

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716950

1. Entity Name

EVERETT ARMS NO. 4 ASSOCIATION, INC., A CONDOMINI

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90005 001 ***490.00

Principal Place of Business

Mailing Address

3550 NW 8TH AVENUE
BUILDING 4
POMPANO BEACH FL 33064

3550 NW 8TH AVENUE
BUILDING 4
POMPANO BEACH FL 33064-3063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON FL

Zip

Country

Zip

Country

33432

US

4. FEI Number

59-1424913

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

Name

THOMAS LESLIE

Street Address (P.O. Box Number is Not Acceptable)

221 W. CAMINO REAL

City

BOCA RATON

FL

Zip Code

33432

~~BARBERO, ROSE~~
~~3550 NW 8TH AVE~~
~~APT. 400~~
~~POMPANO BEACH FL 33064~~

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

Thomas Leslie THOMAS LESLIE

6/29/00

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 HERBOLD, ANTON LOU 3550 NW 8TH AVE, APT. 408 POMPANO BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARBERO, ROSE 3550 NW 8TH AVE, APT. 409 POMPANO BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAUZI, ISAAC 3550 NW 8TH AVE, APT. 406 POMPANO BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIX, MARGARETE 3550 NW 8TH AVE, APT 402 POMPANO BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, JUDITH 3550 NW 8TH AVE #404 POMPANO BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN GARELLA 3550 NW 8TH AVENUE, UNIT 416 POMPANO BEACH, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANN MARIANO 3550 NW 8TH AVE, 413D POMPANO BEACH, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONIFACIA MARIANO 3550 NW 8TH AVE, 410B POMPANO BEACH FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAETANO CASTRICHATO 3550 NW 8TH AVE, UNIT 403 POMPANO BEACH, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/29/00 (561) 392-0677