

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720889

1. Entity Name

USNEE GARDENS CONDOMINIUM, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90128 039 ****61.25

Principal Place of Business 5002 NW 35 ST. LAUDERDALE LAKES FL 33319	Mailing Address 5002 NW 35 ST. LAUDERDALE LAKES FL 33319-5200
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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 59-1446322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PAZDUR, ARMAND 5002 N. W. 35 ST LAUDERDALE LAKES FL 33319	7. Name and Address of New Registered Agent Name <u>Steve Culotta</u> Street Address (P.O. Box Number is Not Acceptable) <u>Ambassador Community Management, Inc</u> <u>8051 W. McNab Road</u> City <u>Tamarac</u> FL Zip Code <u>33321</u>
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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] Steve Culotta, President ACM 1/29/00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, LAWRENCE P 5002 NW 35 ST LAUDERDALE LAKES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Abe Polmar 5002 NW 35th Street, # 202 Lauderdale Lakes, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAZDUR, ARMAND 5002 N.W. 35TH ST LAUDERDALE LAKES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Irving Lipsky 5002 NW 35th Street, # 209 Lauderdale Lakes, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORISSETTE, RITAEON 5002 N.W. 35TH ST LAUDERDALE LAKES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Jacques Lastere 5002 NW 35th Street, # 301 Lauderdale Lakes, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WASSERBENGER, LEON 5002 NW 35 ST LAUDERDALE LAKES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARMSTRONG, GERT 5002 NW 35 ST LAUDERDALE LAKES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARMSTRONG, IRWIN 5002 N.W. 35TH STREET LAUDERDALE LAKES FL <input checked="" type="checkbox"/> Delete	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: Abraham J. Polmar 2/7/00 735-0104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 739-1173

CR2E037 (9/99)