

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723125

1. Entity Name

SANDILEE TOWNHOUSE CONDOMINIUM APTS., INC

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90006 012 ****61.25

Principal Place of Business

1949 TAYLOR ST
SUITE 9
HOLLYWOOD FL 33020
US

Mailing Address

1949 TAYLOR ST
SUITE 9
HOLLYWOOD FL 33020-4535
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1429905

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUZYK, VALERIE L.
1949 TAYLOR ST
SUITE 9
HOLLYWOOD FL 33020

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

Valerie L. Duzyk

(NOTE: Registered Agent signature required when reinstating)

DATE

6/9/00

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
D
ZENERINO, CATHERINE
1949 TAYLOR ST. #11
HOLLYWOOD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CALLAHAN, PAULA
1949 TAYLOR ST #7
HOLLYWOOD FL 33021

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GALLUCCI, DELLA
1949 TAYLOR ST, APT 10
HOLLYWOOD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
DUZYK, VALERIE
1949 TAYLOR ST, SUITE 9
HOLLYWOOD FL 33020

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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:

Valerie L. Duzyk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/9/00

Daytime Phone #

954 925-6357