FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 18, 2001 8:00 am DOCUMENT # 723311 Secretary of State 1. Entity Name 01-18-2001 90004 033 \*\*\*\*61.25 SHERIDAN HILLS TOWNHOMES, INC. Principal Place of Business Mailing Address 2421 N 40TH AVENUE 2421 N 40TH AVENUE 603568 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1245529 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) O'BRIEN, MITRANA 2421 NORTH 40TH AVENUE, #109 HOLLYWOOD FL 33021 Zip Code City FL 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution Added to Fees **FEE IS \$61.25 Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE TITLE ☐ Delete HOLLOMAN, GLORIA NAME NAME STREET ADDRESS STREET ADDRESS 2421 N. 40 AVE 111 CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE MITRANA, OBRIEN NAME NAME 2421 NORTH 40TH AVE #109 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF HOLLYWOOD FL TITLE Delete TITLE ☐ Change ☐ Addition LUZARRAGA, PATRICIA NAME NAME STREET ADDRESS 2421 N. 40 AVE. 106 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TS Addition TITLE ☐ Delete TITLE T Change NAME SHORE, ALEX NAME STREET ADDRESS 2421 N 40 AVE., 103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition TITLE Delete TITLE Change FLETCHER, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 2421 N 40 AVE., 108 CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 954-831-6937

Daytime Phon