2001 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2001 8:00 am **DOCUMENT # 723805 Secretary of State** 02-06-2001 90045 050 ****61.25 TOWN HOUSE VILLAS CONDOMINIUM, INC. THE Principal Place of Business Mailing Address 1413 NW 15 AVE. P.O. BOX 93 HOLLYWOOD FL 33020 DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1450528 Not Applicable Zip Country Zip Country \$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) EPSTEIN, DAVID 1407 N. 15 AVE. HOLLYWOOD FL 33020 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 of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Addition TITLE ☐ Delete TITLE Change EPSTEIN, DAVID Fred Lucero NAME NAME STREET ADDRESS P.O.BOX 93 STREET ADDRESS 1407 N 15TH AVE HOLLYWOOD FL 33020 CITY-ST-ZIP DANIA BEAC CITY-ST-ZIP TD Addition TITLE ☐ Delete TITLE Change CUSOLITO, ANTHONY NN KENN NAME NAME 0.Box 93 1413 N 15TH AVE STREET ADDRESS STREET ADDRESS DANUABEACK PL-3300 CITY ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP SD **Change** ☐ Addition TITLE ☐ Delete TITLE NISTICO, HELENE NAME NAME STREET ADDRESS 1315 N 15TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Addition TITLE TITLE ☐ Delete LYNN, HAROLD NAME NAME - Ave 1467 N 15 STREET ADORESS 1423 N 15 AVE STREET ADDRESS Hally wood FI 33020 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE Change ☐ Addition TITLE ☐ Delete ANASTASIA, EDWARD NAME NAME STREET ADDRESS 1327 N 15TH AVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: SIGNATURE: SIGNATURE AND TYPEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Designer Proce #

12. I hereby certify that the information supplied with this filling 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