

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90026 046 ****61.25

DOCUMENT # 723805

1. Entity Name

TOWN HOUSE VILLAS CONDOMINIUM, INC. THE

Principal Place of Business

Mailing Address

~~1413 NW 15 AVE.~~ **1407 N. 15 AVE**
HOLLYWOOD FL 33020
US

P.O. BOX 93
DANIA BEACH FL 33004

2. Principal Place of Business

3. Mailing Address

1407 N. 15 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood FL

FL

Zip

Country

Zip

Country

33020

US

4. FEI Number

59-1450528

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

EPSTEIN, DAVID
1407 N. 15 AVE.
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 

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 **PD** ☐ Delete
 NAME **EPSTEIN, DAVID**
 STREET ADDRESS **1407 N 15TH AVE**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **DONNA CURR 5/T** ☐ Change ☒ Addition
 NAME **1401 N. 15 AVE**
 STREET ADDRESS **Hollywood FL**
 CITY-ST-ZIP **33020**

TITLE **TD** ☒ Delete
 NAME **CUSOLITO, ANTHONY**
 STREET ADDRESS **1413 N 15TH AVE**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **LYNN KENNY D** ☐ Change ☒ Addition
 NAME **1325 N 15 AVE**
 STREET ADDRESS **Hollywood FL 33020**
 CITY-ST-ZIP

TITLE **PD** ☒ Delete
 NAME **CUSOLITO, TOM**
 STREET ADDRESS **1413 NORTH 15 AVENUE**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **EPSTEIN, DAVID**
 STREET ADDRESS **1407 NORTH 15 AVENUE**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

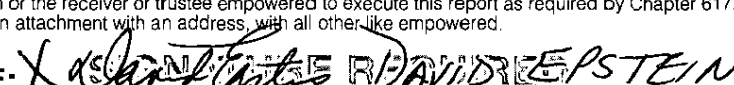
TITLE **D** ☐ Delete
 NAME **ANASTASIA, EDWARD**
 STREET ADDRESS **1327 N 15TH AVE**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LUCERO, FRED**
 STREET ADDRESS **POST OFFICE BOX 93**
 CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:  **DAVID EPSTEIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 954 925 7972

Date Daytime Phone #

CR2E037 (9/01)