

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725081

1. Entity Name

BARCELONA CONDOMINIUM NORTH, INC.

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90033 049 ****61.25

00082252



DO NOT WRITE IN THIS SPACE

Principal Place of Business

251 S. CYPRESS RD
CLUBHOUSE OFFICE
POMPANO BEACH FL 33060

Mailing Address

10034 W. MCNAB RD.
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1482324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILES, JAMES R
10034 W. MCNAB RD.
TAMARAC FL 33321

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BEAULIEU, ROLAND
CITY-ST-ZIP 251 SOUTH CYPRESS RD #114
POMPANO BCH FL 33060

TITLE ☐ Delete
NAME VPD
STREET ADDRESS ROGERS, JANET G
CITY-ST-ZIP 257 S CYPRESS RD #433
POMPANO BEACH FL

TITLE ☐ Delete
NAME D
STREET ADDRESS SAUL, SIS
CITY-ST-ZIP 259 S. CYPRESS RD., #546
POMPANO BCH FL

TITLE ☒ Delete
NAME P
STREET ADDRESS CLEMMENS, WILLIAM
CITY-ST-ZIP 257 S. CYPRESS ROAD #410
POMPANO BEACH FL

TITLE ☐ Delete
NAME D
STREET ADDRESS HATT, BONNIE
CITY-ST-ZIP 251 S. CYPRESS RD
POMPANO BEACH FL

TITLE ☒ Delete
NAME D
STREET ADDRESS NOE, ROBERT
CITY-ST-ZIP 257 S CYPRESS RD #408
POMPANO BEACH FL 33060

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME D Beaulieu, Roland
STREET ADDRESS 10034 W McNab Rd
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☒ Change ☐ Addition
NAME VPD Rogers, Janet
STREET ADDRESS 10034 W McNab Rd
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☒ Change ☐ Addition
NAME D SAUL, SIS
STREET ADDRESS 10034 W McNab Rd
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☒ Addition
NAME D De Oliveira, Robin
STREET ADDRESS 10034 W McNab Rd
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☒ Change ☐ Addition
NAME D HATT, BONNIE
STREET ADDRESS 10034 W McNab Rd
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☒ Addition
NAME SO Collins, Eric
STREET ADDRESS 10034 W McNab Rd
CITY-ST-ZIP TAMARAC, FL 33321

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:

Eric Collins **REQUIRE** *Collins* (954) 943-7323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)