

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738391

1. Entity Name

BUILDING TEN OF RACQUET CLUB APARTMENTS AT BONAV

Principal Place of Business

2901 SIMMS ST  
HOLLYWOOD FL 33020

Mailing Address

2901 SIMMS ST  
HOLLYWOOD FL 33020

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

59-1920155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEVELOPMENT CONSULTANTS, INC  
2901 SIMMS ST  
HOLLYWOOD FL 33020

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 SD  
NAME RON, KORINA  
STREET ADDRESS 240 LAKEVIEW DRIVE, #302  
CITY-ST-ZIP FT. LAUDERDALE FL 33326 ☐ Delete

TITLE P  
NAME PLOTNIK, ALBERTO  
STREET ADDRESS 240 LAKEVIEW DR #311  
CITY-ST-ZIP FT LAUDERDALE FL 33328 ☐ Delete

TITLE TD  
NAME MORGAN, RUTH  
STREET ADDRESS 240 LAKEVIEW DR, 306  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE VP  
NAME LOPEZ, FAUSTO  
STREET ADDRESS 240 LAKEVIEW DR. #305  
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE D  
NAME FISHER, KAREN  
STREET ADDRESS 240 LAKEVIEW DRIVE, #204  
CITY-ST-ZIP FORT LAUDERDALE FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 5/2001

Date

Daytime Phone #

FILED  
Feb 09, 2001 8:00 am  
Secretary of State

02-09-2001 90222 007 \*\*\*\*\*61.25

C0019694



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)