

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749841

1. Entity Name

PINEBROOKE CONDOMINIUM Z ASSOCIATION, INC.

Principal Place of Business

C/O C. TANNER
15807 S.W. 91 COURT "A"
MIAMI FL 33157-1950

Mailing Address

C/O C. TANNER
15807 S.W. 91 COURT "A"
MIAMI FL 33157-1950

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1913066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TANNER, CAROL
15807 SW 91 CT
MIAMI FL 33157

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 LONGENECKER, ROBERT
CITY-ST-ZIP 15811 S W 91 CT
MIAMI FL

TITLE ☐ Delete
NAME P
STREET ADDRESS TANNER, CAROL
CITY-ST-ZIP 15807 SW 91 CT
MIAMI FL

TITLE ☐ Delete
NAME D
STREET ADDRESS RODRIGUEZ, MARTINA
CITY-ST-ZIP 15809
MIAMI FL

TITLE ☐ Delete
NAME ST
STREET ADDRESS KING, ROSA BONILLA
CITY-ST-ZIP 15805
MIAMI FL 33157-1950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

Carole Tanner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-99

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90069 018 ****61.25



DO NOT WRITE IN THIS SPACE