

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90055 035 \*\*\*\*70.00

**DOCUMENT # 751933**

1. Entity Name  
**DADELAND PARK CONDOMINIUM, INC.**

Principal Place of Business      Mailing Address  
 7505 S.W. 82ND STREET      7505 S.W. 82ND STREET  
 MIAMI FL 33143      MIAMI FL 33143

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc. **DEPARTMENT OF STATE**      13250 SW 135<sup>th</sup> Avenue

City & State      City & State  
**MIAMI, FLORIDA**      **Miami, Florida 33186**

Zip      Country      Zip      Country  
**33186**      **U.S.A.**

4. FEI Number      Applied For  
**59-2000710**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SKRLD, INC.**  
**201 ALHAMBRA CIRCLE**  
**#1102**  
**CORAL GABLES FL 33134**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, GARRETT</b>	
STREET ADDRESS	<b>7505 SW 82ND ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>O'KEEFE, KEVIN</b>	
STREET ADDRESS	<b>7505 SW 82ND ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ROSCH, VIVENNE</b>	
STREET ADDRESS	<b>7505 SW 82ND ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>15916 SW 91 Court</b>	
CITY-ST-ZIP	<b>Miami, Florida 33157</b>	
TITLE	<b>Vice-President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>7505 SW 82 Street #314</b>	
CITY-ST-ZIP	<b>Miami, Florida 33143</b>	
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>7505 SW 82 Street #106</b>	
CITY-ST-ZIP	<b>Miami, Florida 33143</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Vivienne Rosch*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/8/00*  
 Date

Daytime Phone #

CR2E037 (5/00)