

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755993

1. Entity Name

7 EAST CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90040 049 ****61.25

Principal Place of Business

535 NE 7 AVENUE
 FT. LAUDERDALE FL 33301

Mailing Address

535 NE 7 AVENUE
 FT. LAUDERDALE FL 33301-1280

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

59-2478232

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

TIGHE, TOM
 800 E BROWARD BLVD
 STE 505
 FT LAUDERDALE FL 33301

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

Tom Tighe

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.7.2000

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	P	<input type="checkbox"/> Delete
NAME	SENKO, RICK	
STREET ADDRESS	575 NE 7TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSENBERG, ROBERT	
STREET ADDRESS	579 NE 7 AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KING, DOUGLAS	
STREET ADDRESS	571 NE 7TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KING, HANZ	
STREET ADDRESS	575 NE 7TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	AL	<input checked="" type="checkbox"/> Delete
NAME	BOOTES, STEVE	
STREET ADDRESS	539 NE 7 AVE	
CITY-ST-ZIP	FT. LAUD. FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Home Phone #

4.7.2000

CR2E037 (9/99)