

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2000 8:00 am**  
**Secretary of State**

03-25-2000 90008 019 \*\*\*\*61.25

**DOCUMENT # 756387**

1. Entity Name

**THE OFFICE VILLAGE CONDOMINIUM ASSOCIATION, INC.**

U0044382



DO NOT WRITE IN THIS SPACE

Principal Place of Business 14050 SW 84 ST SUITE 102 MIAMI FL 33183 US	Mailing Address 14050 SW 84 ST SUITE 102 MIAMI FL 33183-4440 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2395163</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

ADAMS, KAY GARBUTT  
 14050 SW 84 ST  
 SUITE 102  
 MIAMI FL 33183

**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: Kay Adams  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE: <u>JO</u>	<input type="checkbox"/> Delete	NAME: SUTTON, JOHN
STREET ADDRESS: 7721 SW 62 AVENUE		CITY-ST-ZIP: MIAMI FL
TITLE: <u>BO</u>	<input type="checkbox"/> Delete	NAME: ABRAMS, FRANK
STREET ADDRESS: 7731 SW 62 AVE		CITY-ST-ZIP: MIAMI FL 33143
TITLE: <u>S</u>	<input type="checkbox"/> Delete	NAME: ADAMS, KAY GARBUTT
STREET ADDRESS: 14050 SW 84TH ST, 102		CITY-ST-ZIP: MIAMI FL
TITLE: <u>DT</u>	<input type="checkbox"/> Delete	NAME: GLENN, WILLIAM D.
STREET ADDRESS: 7741 S.W. 62ND AVE.		CITY-ST-ZIP: MIAMI FL
TITLE: <u>D</u>	<input checked="" type="checkbox"/> Delete	NAME: <del>LIVINGSTONE, ANTHONY</del>
STREET ADDRESS: <del>7731 SW 62 AVENUE</del>		CITY-ST-ZIP: <del>MIAMI FL</del>
TITLE: <u>D</u>	<input type="checkbox"/> Delete	NAME: LIVINGSTONE, DON
STREET ADDRESS: 7711 SW 62 AVENUE		CITY-ST-ZIP: MIAMI FL

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

TITLE: <u>PD</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____		CITY-ST-ZIP: _____
TITLE: <u>D</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____		CITY-ST-ZIP: _____
TITLE: <u>D</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____		CITY-ST-ZIP: _____
TITLE: <u>DT</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Robert Marlin
STREET ADDRESS: 7701 SW 62ND AVE.		CITY-ST-ZIP: Miami, FL
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: Kay Adams **REQUIRED** 3/20/00 305-386-4853  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)