

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762865

1. Entity Name

EAST END CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90035 049 \*\*\*\*61.25

Principal Place of Business

C/O JOSEPH ALVES  
2601 N E 1ST STREET. #6  
POMPANO BEACH FL 33062  
US

Mailing Address

C/O SHARON DREW  
2601 N E 1ST STREET. #6  
POMPANO BEACH FL 33062-4977  
US

2. Principal Place of Business

3. Mailing Address

1651 NW 49 ST  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
DEERFIELD BEACH FL

4. FEI Number

38-1945418

Applied For

Not Applicable

Zip

Country

Zip

Country

33064 BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALVES, JOSEPH  
2601 NE FIRST ST  
POMPANO BCH FL 33062

7. Name and Address of New Registered Agent

Name

JOSEPH ALVES

Street Address (P.O. Box Number is Not Acceptable)

1651 NW 49 ST

City

DEERFIELD BEACH

FL

Zip Code

33064

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 Joseph Alves JOSEPH ALVES

1-17-00

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 PD ☐ Delete  
NAME TONER, NORMAN  
STREET ADDRESS 65150 MUER PLACE  
CITY-ST-ZIP FARMINGTON HILLS MI 48018

TITLE VPD ☐ Delete  
NAME ALVES, JOSEPH  
STREET ADDRESS 2601 N E FIRST ST, #6  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE TD ☐ Delete  
NAME RYAN, RICHARD  
STREET ADDRESS 4175 RURAL STREET  
CITY-ST-ZIP WATERFORD MI 48329

TITLE T ☐ Delete  
NAME RYAN, SHARON  
STREET ADDRESS 4175 RURAL STREET  
CITY-ST-ZIP WATERFORD MI 48329

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: JOSEPH ALVES

1-17-00 954 698 0142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)