

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **770548**

1. Entity Name  
**Carnel at the California Club Condominium "3" ASSOC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 APR 26 PM 1:56

Principal Place of Business  
**DCI  
 2901 Simms Street  
 Hollywood, FL 33020  
 U.S.**

Mailing Address  
**D.C.I.  
 2901 Simms Street  
 Hollywood, FL 33020  
 U.S.**

2. Principal Place of Business  
**2035 Harding St.  
 Suite, Apt. #, etc.  
 Suite 200  
 City & State  
 Hollywood, FL  
 Zip  
 33020  
 Country  
 US**

3. Mailing Address  
**2035 Harding St.  
 Suite, Apt. #, etc.  
 Suite 200  
 City & State  
 Hollywood, FL  
 Zip  
 33020  
 Country  
 US**

**REINSTATEMENT 92-01**  
 DO NOT WRITE IN THIS SPACE

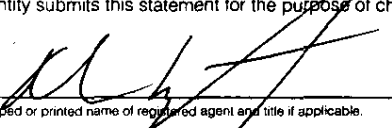
4. FEI Number  
**51-2339925** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**Andrew meyrowitz - c/o DCI  
 2035 Harding St.  
 Suite 200  
 Hollywood, FL 33020**

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  DATE **3/5/01**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Michael Blagrove 771 NE 199th St. Apt 108 N. Miami, FL 33179</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NPD Aina Miller 771 NE 199th St. Apt 207 N. Miami, FL 33179</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD Nadine Davidson 771 NE 199th St. Apt 206 N. Miami, FL 33179</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: 

CR2E037 (9/99)