

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771015
 1. Entity Name
Carmel at the California Club
condominium "8" as

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION

01 APR 26 PM 2:01

Principal Place of Business
c10 DCI
2035 Harding St STE 200
Hollywood, FL 33020
U.S.

Mailing Address
c10 DCI
2035 Harding St
Suite 200
Hollywood, FL 33020
U.S.

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

REINSTATEMENT 94-01
 DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2300498

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Andrew meyrowitz
c10 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 [Signature]
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)
 DATE 3/12/01

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	<input type="checkbox"/> Delete
NAME	<u>Rita Conte</u>
STREET ADDRESS	<u>803 NE 19th St Apt 103</u>
CITY-ST-ZIP	<u>N. Miami, FL 33179</u>
TITLE	<input type="checkbox"/> Delete
NAME	<u>Benjamin Ojalora</u>
STREET ADDRESS	<u>803 NE 19th St Apt 101</u>
CITY-ST-ZIP	<u>N. Miami FL 33179</u>
TITLE	<input type="checkbox"/> Delete
NAME	<u>STU Dave Williams</u>
STREET ADDRESS	<u>803 NE 19th St Apt 102</u>
CITY-ST-ZIP	<u>N. Miami, FL 33179</u>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>500004193425-3</u>
STREET ADDRESS	<u>-05/11/01 --01001--007</u>
CITY-ST-ZIP	<u>****665.00 ****665.00</u>
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: Rita Conte

Rita E. Conte

CR2E037 (9/99)