

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90288 042 \*\*\*150.00

**DOCUMENT # L72441**

1. Entity Name

**GEORGETOWN CONDOMINIUM #2 INC.**

Principal Place of Business

**2466 TAYLOR STREET  
3D  
HOLLYWOOD FL 33020**

Mailing Address

**2466 TAYLOR STREET  
3D  
HOLLYWOOD FL 33020**

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 **59-2461947**

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

**SLOTSKY, FRED  
2686 OAKMONT  
FT. LAUDERDALE FL 33332**

Name

**Holly Bauer**

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

**2466 Taylor Street #3D**

City

**Hollywood**

FL

Zip Code

**33020**

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

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

**HOLLY BAUER**

**TREASURER**

**1/14/01**

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JIMENEZ, ANA</b> <b>2406 TAYLOR ST APT 4C</b> <b>HOLLYWOOD FL 33020</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAUER, HOLLY</b> <b>2466 TAYLOR ST. APT 3D</b> <b>HOLLYWOOD FL 33020</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MUNRO, BETTY</b> <b>2466 TAYLOR ST APT 4E</b> <b>HOLLYWOOD FL 33020</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SLOTSKY, FRED</b> <b>2686 OAKMONT</b> <b>FT. LAUDERDALE FL 33332</b>	<input checked="" 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	<b>SD</b> <b>Jean Fletcher</b> <b>2466 Taylor St. Apt 4D</b> <b>Hollywood FL 33020</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Holly Bauer</b> <b>2466 Taylor St Apt 3D</b> <b>Hollywood FL 33020</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D</b> <b>Betty Munro</b> <b>2466 Taylor St. Apt 4E</b> <b>Hollywood FL 33020</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Lynn Sweatt</b> <b>2466 Taylor St Apt 4B</b> <b>Hollywood FL 33020</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pilar Bajaran</b> <b>2466 Taylor St. Apt 3B</b> <b>Hollywood FL 33020</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Margarita Chamoun</b> <b>2466 Taylor St. Apt 4A</b> <b>Hollywood FL 33020</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

**HOLLY BAUER**

**Treasurer**

Date

Daytime Phone #

**1/14/01 954-797-8207**

CR2E034 (10/00)