

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06629

1. Entity Name

U. H. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

8948 NW 21ST  
PAMBROKE PINES FL 33024

Mailing Address

8948 NW 21ST  
PAMBROKE PINES FL 33024

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

65-0132374

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

SILLA, GUY  
8948 NW 21ST  
PEMBROKE PINES FL 33024

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV CAVASIN, JOHN 8912 NW 21ST STREET PEMBROKE PINES FL 33024	<input type="checkbox"/>		<input type="checkbox"/>
PD PISTONE, PIETRO 11041 SW 54TH ST FT. LAUDERDALE FL 33328	<input type="checkbox"/>		<input type="checkbox"/>
DS MARCH, LURALE 6840 SW 20 ST PLANTATION FL 33317	<input type="checkbox"/>		<input type="checkbox"/>
PT SILLA, GUY 8948 NW 21 ST PEMBROKE PINES FL 33024	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-01

Date

954-431-0933

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)