

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90122 023 \*\*\*\*61.25

**DOCUMENT # N06629**

1. Entity Name

**U. H. CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**8948 NW 21ST  
PAMBROKE PINES FL 33024**

**8948 NW 21ST  
PAMBROKE PINES FL 33024**

2. Principal Place of Business

3. Mailing Address

**11041 S.W. 54 STREET**

**11041 S.W. 54 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FT. LAUD FL**

**FT LAUD FL**

Zip

Country

Zip

Country

**33328**

**33328**

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 **PISTONE, PIETRO**

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

**11041 S.W. 54 STREET**

City **FORT LAUDERDALE**

**FL**

Zip Code **33328**

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

*Pietro Pistone* **PIETRO PISTONE, CONDO BOARD**

**02/07/2002**

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**

**THIS CORPORATION IS ELIGIBLE TO SATISFY ITS  
9. Election Campaign Financing  
Trust Fund Contribution  
IN TAXABLE TAX FILING REQUIREMENTS AND  
ELECTS TO DO SO.**

**\$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 **DV**  
NAME **CAVASIN, JOHN**  
STREET ADDRESS **8912 NW 21ST STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D.S.**  
NAME **MRS. JOSEPHINA PISTONE**  
STREET ADDRESS **11041 S.W. 54 ST.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33328**

TITLE **POS**  
NAME **PISTONE, PIETRO**  
STREET ADDRESS **11041 SW 54TH ST**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33328**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS**  
NAME **MARCH, LURALE**  
STREET ADDRESS **6840 SW 20 ST**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PT**  
NAME **SILLA, GUY**  
STREET ADDRESS **8948 NW 21 ST**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE  
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STREET ADDRESS  
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TITLE  
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:

*Pietro Pistone* **PIETRO PISTONE, PRES.**

**02/07/2002**

**(954) 434-5379**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)