

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90087 038 \*\*\*\*61.25

**DOCUMENT # N09946**

**1. Entity Name**  
**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM " 18 "**

<b>Principal Place of Business</b> C/O D. C. I. 2901 SIMMS ST. HOLLYWOOD FL 33020 US	<b>Mailing Address</b> C/O D. C. I. 2901 SIMMS ST. HOLLYWOOD FL 33020-1510 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 59-2564865	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
**MEYROWITZ, ANDREW**  
**C/O D. C. I.**  
**2901 SIMMS ST.**  
**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** \_\_\_\_\_ (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**

<b>TITLE</b> PD	<b>NAME</b> MARGHA, STERN	<input checked="" type="checkbox"/> De'te
<b>STREET ADDRESS</b> 917 NE 199TH ST #105	<b>CITY-ST-ZIP</b> MIAMI FL	
<b>TITLE</b> VD	<b>NAME</b> RAY, MADELYN	<input type="checkbox"/> De'te
<b>STREET ADDRESS</b> 917 N. 199TH STREET, SUITE #102	<b>CITY-ST-ZIP</b> MIAMI FL 33179	
<b>TITLE</b> STD	<b>NAME</b> MEDERO, GLADYS	<input checked="" type="checkbox"/> De'te
<b>STREET ADDRESS</b> 917 N E 199TH STREET, SUITE #105	<b>CITY-ST-ZIP</b> MIAMI FL 33179	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> De'te
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> De'te
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> De'te
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b> PA	<b>NAME</b> Madelaine RAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 917 N. 199 ST. #102	<b>CITY-ST-ZIP</b> MIA FL 33179	
<b>TITLE</b> VD	<b>NAME</b> Hardwick DANIEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 917 NE 199 ST #204	<b>CITY-ST-ZIP</b> MIAMI, FL 33179	
<b>TITLE</b> STD	<b>NAME</b> Williams LONZO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 917 NE 199 ST #202	<b>CITY-ST-ZIP</b> MIAMI, FL 33179	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	

**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:** \_\_\_\_\_ **1-12-2000** **Director**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E037 (9/99)