

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

03-23-2000 90036 048 ****61.25

DOCUMENT # N11334

1. Entity Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "23" A

Principal Place of Business

Mailing Address

C/O D.C.I.
 2901 SIMMS STREET
 HOLLYWOOD FL 33020
 US

C/O D.C.I.
 2901 SIMMS STREET
 HOLLYWOOD FL 33020-1510
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0037258

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MEYROWITZ, ANDREW
 C/O D.C.I.
 2901 SIMMS STREET
 HOLLYWOOD FL 33020

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: VPD
 NAME: LEVINE, RUTH J.
 STREET ADDRESS: 929 NE 199 ST. #106
 CITY-ST-ZIP: MIAMI FL Delete

TITLE: Change Addition

TITLE: TD
 NAME: TORRES, JUAN
 STREET ADDRESS: 929 NE 199TH STREET
 CITY-ST-ZIP: NORTH MIAMI FL 33179 Delete

TITLE: Change Addition
 PD
 NAME: TORRES JUAN
 STREET ADDRESS: 929 NE 199 ST
 CITY-ST-ZIP: North Miami, FL 33179

TITLE: PD
 NAME: FOTI, W.R.
 STREET ADDRESS: 929 N.E. 199TH ST., #203
 CITY-ST-ZIP: MIAMI FL Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition
 Jaime Merchant
 929 NE 199 ST
 North Miami, FL 33179

TITLE: Delete

TITLE: Change Addition
 Sandra L. Hanson
 929 NE 199 ST
 North Miami, FL

TITLE: Delete

TITLE: Change Addition

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: *Ruth Levine* **RESIGNATION REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)