

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90042 015 ****61.25

DOCUMENT # N13568

1. Entity Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "25" A

Principal Place of Business

Mailing Address

C/O D. C. I.
 2035 Harding St. STE 200
 HOLLYWOOD FL 33020
 US

C/O D. C. I.
 2035 Harding St suite 200
 HOLLYWOOD FL 33020
 US

2. Principal Place of Business

2035 Harding St.
 Suite, Apt. #, etc.
 Suite 200

3. Mailing Address

2035 Harding St.
 Suite, Apt. #, etc.
 Suite 200

City & State

Hollywood, FL
 Zip 33020 Country U.S.

City & State

Hollywood, FL
 Zip 33020 Country U.S.

4. FEI Number

59-2717128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Andrew meyrowitz
 C/O DCI
 2035 Harding St. Suite 200
 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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHAEFER, JOHN	
STREET ADDRESS	921 NE 99TH ST # 104	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MATOS, ANNA	
STREET ADDRESS	921 N.E. 199TH ST. #205	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SNYDER, BEATRICE B	
STREET ADDRESS	921 NW 199TH ST. #108	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATOS, ANNA	
STREET ADDRESS	921 NE 199 St. #102	
CITY-ST-ZIP	Miami, FL. 33179	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, BEATRICE B.	
STREET ADDRESS	921 NE 199 St. #108	
CITY-ST-ZIP	Miami, FL. 33179	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONDONO, EMILIO	
STREET ADDRESS	921 NE 199 St. #204	
CITY-ST-ZIP	Miami, FL. 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Beatrice B. Snyder
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)