## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N27575**

1. Entity Name

## EMERALD GARDENS TOWNHOUSES ASSOCIATION. INC.

% GUY DIBENEDETTO

Principal Place of Business

Mailing Address

## 303 SOUTH 21ST AVENUE JUVY SWEDN 2512 N. 38TH AVE.. HOLLYWOOD FL 33020 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DIBENEDETTO, GUY 2512 N. 38TH AVE. HOLLYWOOD FL 33021 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 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PTD ☐ Addition ☐ Delete TITLE TITLE DIBENEDETTO, GUY NAME NAME STREET ADDRESS 2512 N. 38TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL **VPD** TITLE Change ☐ Addition Delete TITLE BENOZILIO, MORDECHAI NAME NAME STREET ADDRESS STREET ADDRESS 2510 N. 38TH AVE. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Change ☐ Addition TITLE ☐ Delete TITLE MENFI, ANTHONY NAME NAME STREET ADDRESS STREET ADDRESS 2504 N. 38TH AVE. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Change ☐ Addition TITLE ☐ Delete TITLE NAMÉ ZEIN. MIKE NAME STREET ADDRESS 2508 N. 38TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

- 16 - 0 | □ Daytime Phone #

Change

■ Addition

Jan 30, 2001 8:00 am Secretary of State

**FILED** 

01-30-2001 90010 043 \*\*\*\*61 25