2000 UNIFORM BUSINESS REPORT (UBB)

DOCUMENT # N48684 1. Entity Name LAUDERDALE OAKS CONDOMINIUM XVI, INC.				FILED Feb 08, 2000 8:00 am Secretary of State			
Principal Place of Business 2900 N.W. 46TH AVENUE LAUDERDALE LAKES FL 33313	113-1852		02 00 2000 5005.	01.20	,		
2. Principal Place of Business 2400 N.W. 46 Core. Suite, Apt. #, etc. 3. Mailing Address 2900 N.W. 46 Core Suite, Apt. #, etc.		e,		DO NOT WRITE IN THIS SPACE			
Gity & State, Landerdolida Mos Flan	ity & State City & State Like		4. FEI Number Applied For Not Applied For Not Applied For Service \$8.75 Additional		ا عربان		
Zip Country 33313 BROWARS 6. Name and Address of Current	33313	BROWAR	? <u>}</u>	of Status Desired Address of New Regist	Fee Required		
CAPRIO, DOC 2900 N.W. 46TH AVENUE LAUDERDALE LAKES FL 33313 City Landerdale Lakes FL Zip Code 3 3 3 1 3 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: 9. Election Campaign Financin FEE IS \$61,25 Trust Fund Contribution.			\$5.00 May Be Added to Fees		eck Payable to ment of State		
10. OFFICERS AND DI TITLE NAME STREET ADDRESS OFFICERS AND DI V NORMAND, REMI 2900 NW 46TH AVE	RECTORS Delete	11. TITLE NAME STREET ADDRESS	President Jack Pace		Change Change	☐ Addition	
TITLE PD CAPRIO, DOC CAPRIO, DOC 2900 N.W. 46TH AVE. LAUDERDALE LAKES FL	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		, company	☐ Change	Addition	
NAME PASHKIN, ELAINE 2900 N.W. 46TH AVENUE LAUDERDALE LAKES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	/ <u>-</u> -		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD KIVIAT, MURRAY 2900 NW 46TH AVE LAUDERDALE LAKES FL	☐ Delete	TITLE · NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME PACETTI, JACK STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL	☐ Deléte	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE Marion Krvi NAME STREET ADDRESS 2900 N.W. 46 an CITY-ST-ZIP Landudale Lan	Roard Ces, Flu.	TITLE NAME STREET ADDRESS CITY-ST-ZIP			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 an other like empowered.							
SIGNATURE: SIGNATURE AND TYPED OFFRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daylims Phone *							