

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001892

1. Entity Name

LAS BRISAS DEL MAR AT CORAL BAY VILLAGE ASSOCIAT

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90001 008 ****61.25

Principal Place of Business 7101 W COMMERCIAL BLVD 4A FT LAUDERDALE FL 33319 US	Mailing Address P.O. BOX 26478 FT LAUDERDALE FL 33320-6478 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0912220	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, SHERRI
6224 VISTA DEL MAR
MARGATE FL 33063

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	DP	<input type="checkbox"/> Delete
NAME	RAMIREZ, SHERRI	
STREET ADDRESS	6224 VISTA DEL MAR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TOMASH, MINDY	
STREET ADDRESS	6225 VISTA DEL MAR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ELIE, PHILLIPPE	
STREET ADDRESS	6245 VISTA DEL MAR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELLENDEZ, ORLANDO	
STREET ADDRESS	3130 VISTA DEL MAR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAKE, JOSHUA	
STREET ADDRESS	6232 FLORES DEL MAR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna J. Barnello	
STREET ADDRESS	6235 Vista Del Mar, Margate, FL	
CITY-ST-ZIP	33063	
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: Sherril Ramirez 3/28/00 954-753-9810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)