

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

N9-8.000004017

SIERRA RIDGE CONDOMINIUM K ASSOCIATION, INC.

Principal Place of Business

The Continental Group
2950 N 28th Terrace
Hollywood, FL 33020
US

Mailing Address

2950 N 28th Terrace
Hollywood, FL 33020
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0849796

Applied For

Not Applicable

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

PHILLIPS, EISINGER, KOSS
4000 Hollywood Blvd
Suite 265 South
Hollywood, FL 33021
US

Name

RICHARD STANTON

Street Address (P.O. Box Number is Not Acceptable)

805W 8TH ST - #2804

City MIAMI

FL

Zip Code 33130

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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-18-01

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☒ Addition
NAME	MOHAMMED, RENA	
STREET ADDRESS	850 NE 212th Terr # 4	
CITY-ST-ZIP	NMB, FL 33179	
TITLE	SD	☐ Change ☒ Addition
NAME	BUTTENDORF, RUTH	
STREET ADDRESS	850 NE 212th Terr # 1	
CITY-ST-ZIP	NMB, FL 33179	
TITLE	TD	☐ Change ☒ Addition
NAME	AVHAD, VIRGILIA	
STREET ADDRESS	840 NE 212th Terr # 1	
CITY-ST-ZIP	NMB, FL 33179	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

Signature and typed or printed name of signing officer or director

Date 11/27/2001

Daytime Phone 954-925-8200

Rena Mohammed

FILED

02 JAN 29 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

01-02

CR2037 (11/00)

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-02/06/02-0
****245.007-2
-002-0
****245.00