

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004257

1. Entity Name

TOWNHOUSES OF CORAL SPRINGS, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90003 034 ****61.25

Principal Place of Business

11590 NW 45 ST.
CORAL SPRINGS FL 33065

Mailing Address

11590 NW 45 ST.
CORAL SPRINGS FL 33065-7283

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0869990

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, DARRIN
11590 NW 45 ST.
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Joyce + Charles Joseph

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

11590 NW 45th Street

City

Coral Springs

FL

Zip Code

33065

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

Joyce Joseph Joyce Joseph

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/00

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 P ☒ Delete

NAME BROWN, CHARMAIN
STREET ADDRESS 11590 NW 45 ST
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ Delete

NAME GRASMAN, DAVID
STREET ADDRESS 11594 NW 45TH ST
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ Delete

NAME PADILLA, MARIE
STREET ADDRESS 11592 NW 45TH ST
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ Delete

NAME LIANG, YU ZHEN
STREET ADDRESS 11596 NW 45TH ST
CITY-ST-ZIP CORAL SPRINGS FL 33065

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 PRESIDENT ☐ Change ☒ Addition

NAME Joyce + Charles Joseph
STREET ADDRESS 11590 NW 45th Street
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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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:

Joyce Joseph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00 954 957-7147

CR2E037 (9/99)