

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106960

1. Entity Name

GUY APARTMENTS, INC.

Principal Place of Business

1290 WESTON RD., STE. 314  
WESTON FL 33326

Mailing Address

1290 WESTON RD., STE. 314  
WESTON FL 33326

2. Principal Place of Business

3. Mailing Address

4839 S.W. 148th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.M.B - 518

City & State

City & State

Davie, Florida

Zip

Country

Zip

Country

33331

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EISLER, MICHAEL J  
1290 WESTON RD., STE. 314  
WESTON FL 33326

Name

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

City

FL

Zip Code



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1057747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ATASH, NISSAM  
STREET ADDRESS 7400 N.W. 41ST COURT  
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ~~SD~~ SD ☒ Change ☐ Addition  
NAME ATASH, NISSAM  
STREET ADDRESS 5500 Hancock Road  
CITY-ST-ZIP Fort Lauderdale, Florida 33330

TITLE SD ☐ Delete  
NAME ATASH, ANAT  
STREET ADDRESS 7400 N.W. 41ST CT.  
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ~~SD~~ PD ☒ Change ☐ Addition  
NAME ATASH, ANAT  
STREET ADDRESS 5500 Hancock Road  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Daytime Phone #

CR2E034 (10/00)

02/2115

FILED  
Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90044 001 \*\*\*150.00

✓ 2-1-01 ✓ (954) 6803116