

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90057 037 ***150.00

DOCUMENT # P01000065668

1. Entity Name

MADRID APARTMENTS INC.

Principal Place of Business

**4513 W TRADEWINDS AVE
 FT LAUDERDALE FL 33308**

Mailing Address

**4513 W TRADEWINDS AVE
 FT LAUDERDALE FL 33308**

2. Principal Place of Business

900 N. OCEAN BLVD

3. Mailing Address

S

Suite, Apt. #, etc.

19

Suite, Apt. #, etc.

AH

City & State

POMPANO BEACH FL

City & State

FL

Zip

33062

Country

USA

Zip

Country

4. FEI Number

30-0041662

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MANDKE, DETLEF

**4513 W TRADEWINDS AVE
 FT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

ROSINA J. WARD

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

900 N. OCEAN BLVD.

19

City

POMPANO BEACH

FL

Zip Code

33062

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

Rosina J Ward

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/02

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, 2002 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

TITLE **PRESIDENT** ☒ Delete
 NAME **HARRY WARD**
 STREET ADDRESS **900 N. OCEAN BLVD #19**
 CITY-ST-ZIP **POMPANO BE, FL 33062**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **RICHARD STAGG**
 STREET ADDRESS **900 N. OCEAN BLVD. #19**
 CITY-ST-ZIP **POMPANO BE, FL 33062**

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

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

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

TITLE ☐ Change ☐ Addition
 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:

Richard Stagg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 954 782 8159

Date Daytime Phone #

CR2E034 (9/01)