

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084866

1. Entity Name

CONDOMINIUM ALLIANCE MANAGEMENT CORPORATION

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90024 006 ***158.75

Principal Place of Business

5364 EHRKLICH ROAD
PMB 362
TAMPA FL 33624

Mailing Address

5364 EHRKLICH ROAD
PMB 362
TAMPA FL 33624-6976

2. Principal Place of Business

4809 A Ehrlich Rd

Suite, Apt. #, etc.

3. Mailing Address

5364 Ehrlich Rd

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33624

Country

USA

Zip

33624

Country

USA

4. FEI Number

59-3345350

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARMER, GARY E
12512 REGENCY STREET
TAMPA FL 33625

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

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

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVST	FARMER, GARY E	12512 REGENCY STREET	TAMPA FL 33625	<input type="checkbox"/>
VP	VASQUEZ-FARMER, MINERVA	12512 REGENCY ST	TAMPA FL 33625	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/2000 813-963-6790