

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041485

1. Entity Name
THE BRITTANY APARTMENTS, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90478 025 ***150.00

Principal Place of Business

Mailing Address

3814 W EUCLID AVENUE
TAMPA FL 33629

3460 FAIRLAND FARMS RD
STE 13
WELLINGTON FL 33414
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3460 FAIRLAND FARMS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 13

City & State

City & State

WELLINGTON FL

4. FEI Number 65-0685145

Applied For

Not Applicable

Zip

Country

Zip

Country

33414

US

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

KREILING, EDWARD P
2500 WESTON ROAD
STE 220
WESTON FL 33326

Name PAUL ROSEN

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

3460 FAIRLAND FARMS RD

STE 13

City WELLINGTON

FL

Zip Code

33414

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

Paul Rosen

PAUL ROSEN

3-9-01

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	P	<input type="checkbox"/> Delete
NAME	ROSEN, PAUL	
STREET ADDRESS	2337 GOLFBROOK DR	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSEN, PHYLLIS	
STREET ADDRESS	2337 GOLFBROOK DR	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZALDIVAR, GILBERT	
STREET ADDRESS	13301 SW 72 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Paul Rosen

3-9-01 561-790-7453

Date

Daytime Phone #

CR2E034 (10/00)