

# 2000 UNIFORM BUSINESS REPORT (UBR)

PAYC lbr

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**DOCUMENT # P98000098244**

1. Entity Name  
**EMERALD LAKES APARTMENTS, INC.**

FILED  
00 JUN 29 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1700 N.E. 133RD ST. NORTH MIAMI FL 33181	Mailing Address 1700 N.E. 133RD ST. NORTH MIAMI FL 33181-1906
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0879174</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SASONI, MICHAEL**  
12952 N.W. 23RD ST.  
PEMBROKE PINES FL 33028

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DPT</b> <b>SASONI, MICHAEL</b> 1700 N.E. 133RD ST. NORTH MIAMI FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>SDV</b> <b>SASONI, ISRAEL</b> 1700 N.E. 133RD ST. NORTH MIAMI FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*\*150.00 \*\*\*\*150.00

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.

**SIG PLEASE SIGN** **SIGNATURE REQUIRED**

\_\_\_\_\_  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**EMERALD LAKES APARTMENTS INC.**

Michael Sasoni  
12952 N. 23rd Street  
Pembroke Pines, FL 33028

Florida Department of State  
Division of Corporations  
Annual Report Filing  
P.O.Box 1500  
Tallahassee, FL 32302-1500

June 20, 2000

Dear Sirs:

Enclosed please find our check in the amount of \$150.00 to pay the annual report fees. We are hoping you will accept our apology for not filing the required form timely, however we were out of the country due to family illness and did not receive the form timely.

The staff at the apartment building was instructed to forward any mail to us but unfortunately this form was never sent. Thank you for your consideration in this matter. Be assured that this will not happen again.

Sincerely yours,

  
Michael Sasoni

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