

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90005 002 ****61.50

DOCUMENT # 711479

1. Entity Name

THIRD HORIZONS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1530 NORTHEAST 191 ST
 NORTH MIAMI BEACH FL 33179

1530 NORTHEAST 191 ST
 NORTH MIAMI BEACH FLA 33179-4134

00009199



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

29-1155632

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MELLENDEZ, CARMEN D
1530 NE 191 ST
N MIAMI BEACH FL 33179

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MELLENDEZ, CARMEN	1530 NE 191 ST APT #125	NORTH MIAMI BEACH FL 33179	<input type="checkbox"/>
VD	MILAN, LENORE	1530 NE 191 ST APT #126	N MIAMI BEACH FL 33179	<input checked="" type="checkbox"/>
SD	KALMUS, MURIEL	1530 NE 141 ST APT #109	NORTH MIAMI BCH FL 33179	<input type="checkbox"/>
BDM	CALVO, LETECIA	1530 NE 191 ST APT #122	NORTH MIAMI BCH FL 33179	<input checked="" type="checkbox"/>
BDM	MANDES, ANA	1530 NE 191 ST APT #203	N M BCH FL 33179	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	JEFFREY ELLIS	1530 N.E. 191 ST #106	N.M. Bch FL 33179	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	MARIA LOYNAZ #	1530 NE. 191 ST. 307	N.H. Bch, FL 33179	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BDM	CALVO LETICIA	1530 NE. 191 ST. #122	N.H. Bch FL. 33179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BDM	LENORE MILAN	1530 NE. 191 ST. #126	N.H.B, FL. 33179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature D. Melendez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000

Date

Daytime Phone #

CR2E037 (9/99)