

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


APPROVED
AND
FILED

03 APR -2 AM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717062

1. Entity Name
Three Horizons, East, Condominium, Inc.
12500 N.E. 15th Ave.
North Miami, FL. 33161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12500 NE 15 AVE.
Suite, Apt. #, etc.

3. Mailing Address
1840 N.E. 153rd ST
Suite, Apt. #, etc.

REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

City & State N. Miami, FL City & State N. Miami, FL

4. FEI Number 59-1438436 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip 33161 Country Miami, Dade Zip 33162 Country Miami, Dade

DO NOT WRITE IN THIS SPACE

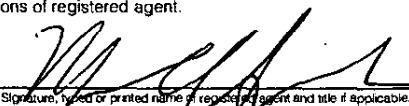
7. Name and Address of Current Registered Agent

Name ROBERTS MANAGEMENT CO., INC

Street Address (P.O. Box Number is Not Acceptable)
1840 NE 153 ST

City NORTH MIAMI BEACH FL Zip Code 33162

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 3-31-03

(NOTE: Registered Agent signature required when reinstating)


FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ANA FLORES 12500 NE 125ST #415 North Miami FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director RAFAEL ALEMAN 12500 NE 15 AVE #301 No. Miami, FL. 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President OSCAR ALEMAN 12500 NE 15 AVE #510 North MIAMI FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800013915418 03/11/03--01044--004 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary OLGIN SALGADO-MARRERO 12500 NE 15 AVE # 815 No. Miami, FL. 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer IDA BELL 12500 NE 15 AVE # 305 North MIAMI FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director EVELYN RODRIGUEZ 12500 NE 15 AVE # 602 No. Miami, FL. 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director BRUNO VACATO 12500 NE 15 AVE #407 No. MIAMI, FL. 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other individuals employed.

SIGNATURE:  ANA FLORES DATE 02/27/03 DAYTIME PHONE # (305) 899-7718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)