

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90048 028 \*\*\*\*61.25

**DOCUMENT # 717098**

1. Entity Name

**RO-MONT GARDENS ANDOVER CONDOMINIUM "K", INC.**

Principal Place of Business

Mailing Address

52 N.E. 204TH ST.  
 NO. MIAMI FL 33179

52 N.E. 204TH ST.  
 NO. MIAMI FL 33179-6007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1364102**

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

**ABDALLAH, JACQUELINE**  
**52 N.E. 204TH ST.**  
**MIAMI FL 33179**

Name

**GUERIN, PHILIPPE**

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

**52 NE 204th ST**

City

**MIAMI**

**FL**

Zip Code

**33179**

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

*Philippe Guerin*

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	P	<input type="checkbox"/> Delete
NAME	ABDALLAH, JACQUELINE	
STREET ADDRESS	52 N.E. 204TH ST, #K3	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUERIN, PHILIPPE	
STREET ADDRESS	52 NE 204TH ST #K7	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROEMER, DOROTHY	
STREET ADDRESS	52 N.E. 204TH ST, #K14	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	T	<input type="checkbox"/> Delete
NAME	DONAHUE, CATHERINE	
STREET ADDRESS	52 NE 204TH ST #8	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	S	<input type="checkbox"/> Delete
NAME	MENDES, KATHY	
STREET ADDRESS	52 N.E. 204TH ST, #K18	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	TR	<input type="checkbox"/> Delete
NAME	FOWLER, ROBERT	
STREET ADDRESS	52 NE 204TH ST, #K9	
CITY-ST-ZIP	MIAMI FL 33179	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERIN, PHILIPPE	
STREET ADDRESS	52 NE 204th ST #7	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASHIM, RAYMOND	
STREET ADDRESS	52 NE 204th ST #17	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEMER, DOROTHY	
STREET ADDRESS	52 NE 204th ST #14	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASHIM, GRACE	
STREET ADDRESS	52 NE 204th ST #17	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, ROBERT	
STREET ADDRESS	52 NE 204th ST #9	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, LAURA	
STREET ADDRESS	52 NE 204th ST #10	
CITY-ST-ZIP	MIAMI, FL 33179	

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 REQUIRED**

*Philippe Guerin* 2/21/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR#E037 (9/99)