

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90007 008 ****61.25

0043974

DOCUMENT # 717098

1. Entity Name
RO-MONT GARDENS ANDOVER CONDOMINIUM "K", INC.

Principal Place of Business 52 N.E. 204TH ST. NO. MIAMI FL 33179	Mailing Address 52 N.E. 204TH ST. NO. MIAMI FL 33179
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-1364102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
GUERIN, PHILIPPE
52 N.E. 204TH ST.
MIAMI FL 33179

7. Name and Address of New Registered Agent
 Name
HASHIM, RAYMOND
 Street Address (P.O. Box Number is Not Acceptable)
52 NE 204th ST. APT. #17
 City
MIAMI, FL. 33179
 State
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 *Raymond Hashim* (NOTE: Registered Agent signature required when reinstating) DATE *2/28/01*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HASHIM, RAYMOND 52 NE 204th ST #17 MIAMI, FL. 33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERIN, PHILIPPE 52 NE 204th St #7 MIAMI, FL 33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROEMER, DOROTHY 52 NE 204th St #14 MIAMI, FL 33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HASHIM, GRACE 52 NE 204th ST #17 MIAMI, FL. 33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAHAR, SHIRLEY 52 NE 204th ST, #5 MIAMI, FL. 33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PRICE, LAURA 52 NE 204th SR #10 MIAMI, FL. 33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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** *Raymond Hashim*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)