

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90050 016 ****61.25

DOCUMENT # 717098

1. Entity Name

HO-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

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

59-1364102

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASHIM, RAYMOND
52 N.E. 204TH ST.
#17
MIAMI 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	P	<input type="checkbox"/> Delete
NAME	HASHIM, RAYMOND	
STREET ADDRESS	52 NE 204TH ST #17	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUERIN, PHILIPPE	
STREET ADDRESS	52 NE 204TH ST #7	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROEMER, DOROTHY	
STREET ADDRESS	52 NE 204TH ST #14	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	T	<input type="checkbox"/> Delete
NAME	HASHIM, GRACE	
STREET ADDRESS	52 NE 204TH ST #17	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MAHAR, SHIRLEY	
STREET ADDRESS	52 NE 204TH ST #5	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	TR	<input type="checkbox"/> Delete
NAME	PRICE, LAURA	
STREET ADDRESS	52 NE 204TH ST #10	
CITY-ST-ZIP	MIAMI FL 33179	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcel Charron	
STREET ADDRESS	52 NE 204th St #29	
CITY-ST-ZIP	Miami, Fl 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Dorothy Roemer
 Dorothy Roemer

March 8 2002

CR2E037 (9/01)