


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90406 048 \*\*\*\*61.25

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**DOCUMENT # 719991**  
1. Entity Name  
**RO-MONT SOUTH CONDOMINIUM "J", INC.**



Principal Place of Business  
**20311 N.E. 2ND AVE.  
N MIAMI BEACH FL 33179**

Mailing Address  
**20311 N.E. 2ND AVE.  
N MIAMI BEACH FL 33179**

**35054868**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country

4. FEI Number **59-1415936** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**RO-MONT SOUTH EXECUTIVE COUNCIL, INC  
20314 NE 2ND AVE  
N MIAMI BCH. FL 33179**

7. Name and Address of New Registered Agent  
Name **EMIL H. CRUZE**  
Street Address (P.O. Box Number is Not Acceptable)  
**20311 NE 2ND AVE # J-20**  
City **NORTH MIAMI BEACH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Emil H. Cruze* **EMIL H. CRUZE** **08/20/2003**  
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**  
**After September 10, 2003, min will be \$236.25**

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	<b>ZVP BROWN, DAVID 20311 NE 2ND AVE #1 N. MIAMI BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD COTE, DORA 20311 NE 2ND AVE., APT. 33 N. MIAMI BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MILORD, JOCELYN 20311 NE 2ND AVE N. MIAMI BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CRUZE, EMIL 20311 NE 2ND AVE MIAMI FL 33179</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GONEALES, LIDO 20311 NE 2ND AVE MIAMI FL 33179</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT CRUZE, EMIL H. 20311 NE 2ND AVE # J-20 NORTH MIAMI BEACH FL 33179-2396</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FIRST VICEPRESIDENT/TREASURER COTE, DORA K. 20311 NE 2ND AVE # J-33 NORTH MIAMI BEACH FL 33179-2396</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECOND VICEPRESIDENT BROWN, DAVID 20311 NE 2ND AVE # J-17 NORTH MIAMI BEACH FL 33179-2396</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY GONZALEZ, LIDU 20311 NE 2ND AVE # J-1 NORTH MIAMI BEACH FL 33179-2396</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR PEREZ, FLORES 20311 NE 2ND AVE # J-9 NORTH MIAMI BEACH FL 33179-2396</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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** *Emil H. Cruze* **08/20/2003** PH 305 673 7080

CR2E037 (4/03)