

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91281 033 ****70.00

DOCUMENT # **739797**

1. Entity Name

THE CARIBBEAN GARDENS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

13250 SW 135 AVENUE
 MIAMI, FLORIDA 33186

13250 SW 135 AVENUE
 MIAMI, FLORIDA 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

SKRLD, INC.
 201 ALHAMBRA CIRCLE
 STE 102
 CORAL GABLES, FLORIDA 33186

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: D Delete
 NAME: AUDREY DAVIS
 STREET ADDRESS: 11301 SW 200 STREET A209
 CITY-ST-ZIP: MIAMI, FLORIDA

TITLE: PD Change Addition
 NAME: AUDREY DAVIS
 STREET ADDRESS: 11301 SW 200 STREET A209
 CITY-ST-ZIP: MIAMI, FLORIDA

TITLE: TD Delete
 NAME: JENNIFER POPE
 STREET ADDRESS: 11301 SW 200 STREET A102
 CITY-ST-ZIP: MIAMI, FLORIDA

TITLE: SD Change Addition
 NAME: BEVERLY J. HARRISON
 STREET ADDRESS: 11311 SW 200 STREET D307
 CITY-ST-ZIP: MIAMI, FLORIDA

TITLE: D Delete
 NAME: ELIZABETH JOHNSTON
 STREET ADDRESS: 11307 SW 200 STREET B108
 CITY-ST-ZIP: MIAMI, FLORIDA

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 MIAMI, FLORIDA

TITLE: VPD Delete
 NAME: TRAVIS KELLY
 STREET ADDRESS: 11307 SW 200 STREET B102
 CITY-ST-ZIP: MIAMI, FLORIDA

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 MIAMI, FLORIDA

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 MIAMI, FLORIDA

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 MIAMI, FLORIDA

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Audrey Davis

4/25/01

Date

Daytime Phone #

CR2E037 (11/00)

A0067467

DO NOT WRITE IN THIS SPACE