

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90086 027 ****61.25

DOCUMENT # 743863

1. Entity Name

THE LEDGES CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

2050 CORAL WAY #515
 MIAMI FL 33145

2050 CORAL WAY #515
 MIAMI FL 33145-2682

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL.

4. FEI Number

59-1887539

Applied For

Not Applicable

Zip

Country

Zip **33152** Country **U.S.**

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

DE LA CAMARA, ROSA M
5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126

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	<input type="checkbox"/> Delete
NAME	MARTONE, JEAN	
STREET ADDRESS	8335 SW 72 AVE APT 106D	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROSS, GERALD	
STREET ADDRESS	3655 BATTERSEA RD	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	TD	<input type="checkbox"/> Delete
NAME	READ, CAROLYN	
STREET ADDRESS	8335 SW 72 AVENUE APT 305D	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LONDONO, LUIS	
STREET ADDRESS	7201 SW 76 ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GEORGE, LINDA	
STREET ADDRESS	8315 SW 72ND AVE APT 111B	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete

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		<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

4/30/00

305 857-9777

CR2E037 (9/99)