

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90009 030 ****61.25

DOCUMENT # 743863

1. Entity Name
THE LEDGES CONDOMINIUM, INC.

Principal Place of Business: **2050 CORAL WAY #515 MIAMI FL 33145**
 Mailing Address: **PO BOX 521458 MIAMI FL 33152**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-1887539** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
DE LA CAMARA, ROSA M
5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126

7. Name and Address of New Registered Agent
 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 MARTONE, JEAN 8335 SW 72 AVE APT 106D MIAMI FL 33143	TITLE: VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Martone, Jean 8335 SW 72 Ave, 106D Miami, Fl. 33143
TITLE: VPD	<input checked="" type="checkbox"/> Delete ROSS, GERALD 3655 BATTERSEA RD COCONUT GROVE FL 33133	TITLE: PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stern, Ruth 8305 SW 72 Ave, 104A Miami, Fl. 33143
TITLE: TD	<input checked="" type="checkbox"/> Delete READ, CAROLYN 8335 SW 72 AVENUE APT 305D MIAMI FL 33143	TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Segal, Maxine 8325 SW 72 Ave, 205C Miami, FL. 33143
TITLE: PD	<input checked="" type="checkbox"/> Delete LONDONO, LUIS 7201 SW 76 ST MIAMI FL 33143	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	<input checked="" type="checkbox"/> Delete GEORGE, LINDA 8315 SW 72ND AVE APT 111B MIAMI FL 33143	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<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: *Rach Ste...* **REQUIRED** **3-30-01 305-857-9777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)