

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90039 009 ****61.25

DOCUMENT # 746877

1. Entity Name

LES CHALET'S HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

10642 SW 23RD TERR
 MIAMI FL 33165
 US

Mailing Address

P.O. BOX 653135
 MIAMI FL 33265-3135
 US

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

59-2266500

Applied For

Not Applicable

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

GROOP, S.P. M.
 2151 LE JEUNE ROAD, SUITE 305
 ATTN: CARLOS ARTEAGA
 CORAL GABLES FL 33134

Name **S P M GROUP, INC**

Street Address (P.O. Box Number is Not Acceptable)

2500 NW 97th Avenue

Suite # 200

City **Miami**

FL

Zip Code

33172

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

Sandra Berrios

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/26/00

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 checked="" type="checkbox"/> Delete |
| NAME | PARLE, J | |
| STREET ADDRESS | 9040 SW 9TH TERR | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | FITERRE, JORGE | |
| STREET ADDRESS | 2029 SW 105TH CT | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | DATA, PABLO | |
| STREET ADDRESS | 2242 SW 105 CT | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DUENAS, G | |
| STREET ADDRESS | 10522 SW 22 LN | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DIAZ, ENRIQUE | |
| STREET ADDRESS | 2322 SW 106TH CT | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------|--|
| TITLE | PS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Emilia Nayor | |
| STREET ADDRESS | 10601 SW 20th Terrace | |
| CITY-ST-ZIP | Miami FL | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lucy Garcia | |
| STREET ADDRESS | 10642 SW 22nd Terrace | |
| CITY-ST-ZIP | Miami FL | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Alejandro Troetch | |
| STREET ADDRESS | 2310 SW 106 Court | |
| CITY-ST-ZIP | Miami FL | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Dolores Martinez | |
| STREET ADDRESS | 10602 SW 22nd Terrace | |
| CITY-ST-ZIP | Miami FL | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Humberto FANALLA | |
| STREET ADDRESS | 10621 SW 20th Terr | |
| CITY-ST-ZIP | Miami FL | |
| 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:

Sandra Berrios **REGISTERED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/00
Date

(305) 444-6759
Daytime Phone #

CR2E037 (5/00)