

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90169 050 ****61.25

0044836

DOCUMENT # 746877

1. Entity Name

LES CHALETS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10642 SW 23RD TERR
 MIAMI FL 33165
 US

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

00065801



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROOP, S.P. M.
 2500 NW 97TH AVENUE
 STE 200
 MIAMI FL 33172

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	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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVOR, EMILIA	
STREET ADDRESS	10601 SW 20 TER	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, LUCY	
STREET ADDRESS	10642 SW 22 TER	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROETSCH, ALEJANDRO	
STREET ADDRESS	2310 SW 106 CT.	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, ENRIQUE	
STREET ADDRESS	10632 SW 22 TER.	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, NELSON	
STREET ADDRESS	10657 SW 21 Lane	
CITY-ST-ZIP	MIAMI, FL 33165	
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: *Alejandro Troetsch* 4/27/01 (305) 221 8568

CR2E037 (10/00)