

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90202 041 \*\*\*\*61.25

DOCUMENT # 750116

1. Entity Name

THE ATRIUM GARDENS CONDOMINIUM  
ASSOCIATION INC



**DO NOT WRITE IN THIS SPACE**

90008710

2. Principal Place of Business

18001 NORTH BAY RD

3. Mailing Address

18001 NORTH BAY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUNNY ISLES BEACH, FL

City & State

SUNNY ISLES BEACH, FL

4. FEI Number

59-2270630

Applied For

Not Applicable

33160

Country  
USA

33160

Country  
USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RALPH MEDEROS

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

4114 NW 4th TERR.

City MIAMI

FL

Zip Code  
33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME COSME GARCIA  
STREET ADDRESS 18001 NORTH BAY RD, # 401  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE VD  
NAME MEDARDO PADRON  
STREET ADDRESS 18001 NORTH BAY RD, #508  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE SD  
NAME ENCARNACION BARRUELO  
STREET ADDRESS 18001 NORTH BAY RD, #207  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Cosme Garcia* COSME GARCIA

1-20-03

305-932-8470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037E (12/02)