

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90083 037 ****61.25

DOCUMENT # 750424

1. Entity Name

KINGS CREEK SOUTH CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

KINGS CREEK SOUTH CONDO ASSOC. INC
7735 SW 86TH ST
MIAMI FL 33143
US

KINGS CREEK SOUTH CONDO ASSOC. INC
7735 SW 86TH ST
MIAMI FL 33143-7201
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2084295

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SKRLD, INC
201 ALHAMBRA CIRCLE SUITE 1102
CORAL GABLES FL 33134

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	SD	<input type="checkbox"/> Delete
NAME	ARON, ISABELL	
STREET ADDRESS	7715 SW 86TH ST. APT. A2-203	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AMEZOLA, XAVIER	
STREET ADDRESS	12555 SW 69TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DIX, RICHARD	
STREET ADDRESS	7725 S.W. 86TH ST, A1-320	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATHISEN, WILLIAM	
STREET ADDRESS	770 NE 69TH ST, APT 2-F	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, OLGA	
STREET ADDRESS	7727 SW 86TH ST, A1-402	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHOCINARD, KAY	
STREET ADDRESS	7705 SW 86 ST B-210	
CITY-ST-ZIP	MIAMI FL	

TITLE	James Anthony Sporl	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7787 SW 86 ST E-203	
STREET ADDRESS	Miami, FL. 33143. President	
CITY-ST-ZIP		
TITLE	Anthony Kieman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7715 SW 86 ST A2-209	
STREET ADDRESS	Miami, FL. 33143. Vice President	
CITY-ST-ZIP		
TITLE	Victor Muudi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7725 SW 86 ST A1-211	
STREET ADDRESS	Miami, FL. 33143. Director	
CITY-ST-ZIP		
TITLE	Steven Jaramillo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7705 SW 86 ST B-107	
STREET ADDRESS	Miami, FL. 33143. Director.	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 305.271.5454

Date

Daytime Phone #

CR2E037 (9/99)