

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750424

1. Entity Name

KINGS CREEK SOUTH CONDOMINIUM, INC.

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

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

Principal Place of Business KINGS CREEK SOUTH CONDO ASSOC. INC 7735 SW 86TH ST MIAMI FL 33143 US	Mailing Address KINGS CREEK SOUTH CONDO ASSOC. INC 7735 SW 86TH ST MIAMI FL 33143-7201 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2084295		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent SKRLD, INC 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARON, ISABELL 7715 SW 86TH ST. APT. A2-203 MIAMI FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Anthony Sporl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7787 SW 86 ST E-203. Miami, FL. 33143. President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMEZOLA, XAVIER 12555 SW 69TH AVE MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anthony Kiernan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7715 SW 86 ST A2-209 Miami, FL. 33143. Vice President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIX, RICHARD 7725 S.W. 86TH ST, A1-320 MIAMI FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Victor Muvdi <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7725 SW 86 ST A1-211 Miami, FL. 33143. Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHISEN, WILLIAM 770 NE 69TH ST, APT 2-F MIAMI FL 33138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steven Jaramillo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7705 SW 86 ST B-107 Miami, FL. 33143. Director.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, OLGA 7727 SW 86TH ST, A1-402 MIAMI FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHOQUINARD, KAY 7705 SW 86 ST B-210 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 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)