


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90075 006 ****70.00

DOCUMENT # 754605

1. Entity Name
ABBOTT GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
8101 BYRON AVE
MIAMI, FL 33141

Mailing Address
C/O L.M. QUALITY MGMT.
P.O. BOX 440915
MIAMI, FL 33144

10091195



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

8101 Byron Ave
Miami FL
33141
USA

4. FEI Number
59-2369502

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NUNEZ, LUZMARY
8101 BYRON AVE #405
MIAMI, FL 33141

7. Name and Address of New Registered Agent
Name *Assael, Isidoro*
Street Address (P.O. Box Number is Not Acceptable)
8101 Byron Ave # 207
City *Miami Beach* FL Zip Code *33141*

B. 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]* DATE *3/19/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	RAQUEL, COLLADO	8101 BYRON AVE #412	MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/>
VD	RAMON, RIERA	8101 BYRON AVE #212	MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/>
TD	ROGELIO, RODRIGUEZ	8101 BYRON AVE #614	MIAMI BEACH, FL 33141	<input type="checkbox"/>
SD	NEREIDA, MENDEZ	8101 BYRON AVE #612	MIAMI BEACH, FL 33141	<input type="checkbox"/>
D	URI, ROZEN	8101 BYRON AVE #307	MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Isidoro, Assael	8101 Byron Ave #207	Miami Beach FL 33141	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Maria E. Costelexed	8101 Byron Ave # 506	Miami Beach FL 33141	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* DATE *3/19/03* PHONE *786-346-1371*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH2E037 (10/02)