

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90800 009 \*\*\*\*52.50  
 03-14-2000 90061 026 \*\*\*\*8.75

**DOCUMENT # 763976**  
 1. Entity Name  
**GARDEN LAKE TOWERS CONDOMINIUM ASSOCIATION INC.**

Principal Place of Business Mailing Address  
**AMA MANAGEMENT SERV. AMA MANAGEMENT SERV.**  
**6850 CORAL WAY #308 6850 CORAL WAY#308**  
**MIAMI, FL. 33155 MIAMI, FL. 33155**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For  
**59-2335769** Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

~~821075~~

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ANICIA MORALES**  
**AMA MANAGEMENT SERV.**  
**6850 CORAL WAY #308**  
**MIAMI, FL. 33155**

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

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**

TITLE <b>D.P.</b>	<input type="checkbox"/> Delete
NAME <b>ERNESTO GARCIA RUBIO</b>	
STREET ADDRESS <b>1101 SW 122 AVE#309</b>	
CITY-ST-ZIP <b>MIAMI, FL.</b>	
TITLE <b>D.VP.</b>	<input type="checkbox"/> Delete
NAME <b>PEDRO FLEITAS</b>	
STREET ADDRESS <b>1101 SW 122 AVE#413</b>	
CITY-ST-ZIP <b>MIAMI, FL.</b>	
TITLE <b>D.S.</b>	<input type="checkbox"/> Delete
NAME <b>EFREN MORALES</b>	
STREET ADDRESS <b>1101 SW 122 AVE.</b>	
CITY-ST-ZIP <b>MIAMI, FL.</b>	
TITLE <b>D.T.</b>	<input type="checkbox"/> Delete
NAME <b>SUSANA CASTILLO</b>	
STREET ADDRESS <b>1101 SW 122 AVE.</b>	
CITY-ST-ZIP <b>MIAMI, FL.</b>	
TITLE <b>D.D.</b>	<input type="checkbox"/> Delete
NAME <b>TOMAS SALAZAR</b>	
STREET ADDRESS <b>1121 SW 122 AVE.</b>	
CITY-ST-ZIP <b>MIAMI, FL.</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	
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	
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: *Ernesto Garcia Rubio*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/31/00**

Daytime Phone #

CR2E037 (9/99)