

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90108 001 ****61.25

DOCUMENT # 763976

1. Entity Name
GARDEN LAKE TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12781 BIRD ROAD G MIAMI FL 33175 US	12781 BIRD ROAD G MIAMI FL 33175 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 910 Joensen Properties	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 13000 S.W. 133ct	
City & State		City & State MIAMI, FL	
Zip	Country	Zip 33186	Country USA

4. FEI Number **59-2335769** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SORDIA, JOE
12781 BIRD ROAD
SUITE G
MIAMI FL 33175

7. Name and Address of New Registered Agent
 Name: **JOE SORDIA**
 Street Address (P.O. Box Number is Not Acceptable)
13000 S.W. 133ct
 City **MIAMI** **FL** Zip Code **33186**

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

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CONTRERA VALDEZ, SIRA %12781 BIRD ROAD, SUITE G MIAMI FL 33175	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BENENQUER, SONIA % 12781 BIRD ROAD, SUITE G MIAMI FL 33175	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEJARDI, LEONEL % 12781 BIRD ROAD, SUITE G MIAMI FL 33175	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Contreras Valdes SIRA 13000 S.W. 133ct MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Berenguer, Sonia 13000 S.W. 133ct MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Lejardi, Leonel 13000 S.W. 133ct MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Farnum, Daniel 13000 S.W. 133ct MIAMI, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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** Date **4-28-02** Daytime Phone # _____

CR2E037 (9/01)