

AMENDED
NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

09-03-2002 901651040 61.25
 763976

02 SEP -9 AM 11:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 763976
 1. Entity Name
 Garden Lake Tower Condominium
 Association, Inc.

DO NOT WRITE IN THIS SPACE

124861

2. Principal Place of Business Garden Lake Tower		3. Mailing Address Garden Lake Tower	
Suite, Apt. #, etc. 13000 S.W. 133ct		Suite, Apt. #, etc. 13000 S.W. 133ct	
City & State Miami FL		City & State Miami, FL 2	
Zip 33186	Country USA	Zip 33186	Country USA

DO NOT WRITE IN THIS SPACE

4. FFL Number 59-2335769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name JOE SORDIA
Street Address (P.O. Box Number Not Acceptable) JOE NSO PROPERTIES
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 reissuing) DATE _____

FEE IS \$61.25
 Initial or Amended UBR

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 PD	NAME Sira Contreras Valdes	STREET ADDRESS 13000 S.W. 133ct	CITY-ST-ZIP MIAMI, FL. 33186
TITLE DST	NAME Lionel Lejardi	STREET ADDRESS 13000 S.W. 133ct	CITY-ST-ZIP MIAMI, FL. 33186
TITLE D	NAME Lucia Escobar	STREET ADDRESS 13000 S.W. 133ct	CITY-ST-ZIP MIAMI, FL. 33186
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  08/27/02 259-6202
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #