

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State
 02-16-2000 90033 030 ****61.25

DOCUMENT # 768912

1. Entity Name

LAKEBELLE CONDOMINIUM NO. ONE, INC.

Principal Place of Business

Mailing Address

5663-5725 W. 28 AVE.
 HIALEAH FL 33016

C/O WOODS MGT.
 2740 W 5TH AVE.
 HIALEAH FL 33010-1307

00010071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2583134

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHENK, HAROLD
 % WOODS MANAGEMENT
 2740 WEST 5 AVENUE
 HIALEAH FL 33010

Name *Joaquin R. Delgado*
 Street Address (P.O. Box Number is Not Acceptable)
Woods Management
2740 W 5 AVE
 City *HIALEAH* FL Zip Code *33010*

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

Joaquin R. Delgado

6 January 2000

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.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEREZ, LUIS	
STREET ADDRESS	4840 S.W. 82 AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, DAVID	
STREET ADDRESS	5723 W. 28 AVE.	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HECHEUARRIA, ALBERTO	
STREET ADDRESS	5695 W. 28 AVE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VASSALLO, ACHILLE	
STREET ADDRESS	5707 W. 38 AVE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	HECHEUARRIA, ALBERTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Signature **REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)