

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90043 041 ****61.25

DOCUMENT # N13783

1. Entity Name

PARKSIDE OF FONTAINEBLEAU CONDOMINIUM ASSOCIATIO

Principal Place of Business

Mailing Address

**9140 FOUNTAINBLEAU BLVD.
 #102
 MIAMI FL 33172**

**9140 FOUNTAINBLEAU BLVD.
 #102
 MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1623411

Applied For
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIQUE, SILVIA
 275 FOUNTAINBLEAU BLVD, #140
 MIAMI FL 33172**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	ALVAREZ, FRANCISCO	9110 FOUNTAINBLEAU BLVD, #104	MIAMI FL 33172	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	LOPEZ-ONA, CARLOS E	9150 FONTAINEBLEAU BLVD, #108	MIAMI FL 33172	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	HERNANDEZ, ARNALDO	9110 FONTAINEBLEAU BLVD, #403	MIAMI FL 33172	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ROJAS, JOHNNY	9140 FOUNTAIN BLEAU BLVD., #504	MIAMI FL 33172	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	JONES, LOIS JANE	9150 FONTAINBLEAU BLVD, #310	MIAMI FL 33172	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	VERNER, CHARLES	9110 FONTAINEBLEAU BLVD, #402	MIAMI FL 33172	<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 REQUIRED

4/27/01

305-207-2343

CR2E037 (10/00)