

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** *N15065 R*  
 1. Entity Name  
**CARMEL TOWNHOMES CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
 00 JUN 29 PH 3:09  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business  
**1290 WEST 51 PLACE**  
**HIALEAH, FL. 33012**

Mailing Address  
**ALL FLORIDA MANAGEMENT CO.**  
**2828 CORAL WAY SUITE 435**  
**MIAMI, FL. 33145**

2. Principal Place of Business  
**1290 WEST 51 PLACE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2828 CORAL WAY**  
 Suite, Apt. #, etc.  
**435**  
 City & State  
**MIAMI, FL.**  
 Zip  
**33145**

**REINSTATEMENT** *09-18*

4. FEI Number  
**59-2620154**

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

6. Name and Address of Current Registered Agent  
**EDO MELONI, ESQ.**  
**P.O. BOX 810037**  
**BOCA RATON, FL. 33481-0037**

7. Name and Address of New Registered Agent  
 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]* DATE *3/30/00*

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P D</b> <b>PEDRO GARCIA</b> <b>2828 CORAL WAY STE. 435</b> <b>MIAMI, FL. 33145</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T D</b> <b>GLADYS GARCIA</b> <b>2828 CORAL WAY STE. 435</b> <b>MIAMI, FL. 33145</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S D</b> <b>JOSE E. GARCIA</b> <b>2828 CORAL WAY STE. 435</b> <b>MIAMI, FL. 33145</b>	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400003329244</b> <b>-07/20/00-01013-035</b> <b>****150.00 ****150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400003329244</b> <b>-07/20/00-01013-036</b> <b>****147.50 ****147.50</b>	<input type="checkbox"/> Change <input 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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **KE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date Daytime Phone #

CR2E034 (9/99)