

2000 UNIFORM BUSINESS REPORT (UBR)

20

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90051 040 ****61.25

712361



DO NOT WRITE IN THIS SPACE

DOCUMENT # N20659

1. Entity Name

MILAM AIRPORT PARK III CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

111 FONTAINEBLEAU BLVD.
 MIAMI FL 33172

111 FONTAINEBLEAU BLVD.
 MIAMI FL 33172-4507

2. Principal Place of Business

3. Mailing Address

8299 Coral Way

8299 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami, FL

Miami, FL

City & State

City & State

33155

33155

Zip

Country

Zip

Country

33155 USA

33155 USA

4. FEI Number

65-0040180

Applied For

Not Applicable

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

RODRIGUEZ, ANA
 7074 NW 50 STREET
 MIAMI FL 33166

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:
FEES 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	MARTIR, CARLOS	
STREET ADDRESS	111 FOUNTAINBLEAU BLVD	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEON, MARTIN	
STREET ADDRESS	111 FOUNTAINBLEAU BLVD	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANA MARIA	
STREET ADDRESS	111 FOUNTAINBLEAU BLVD	
CITY-ST-ZIP	MIAMI FL 33172	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIR, CARLOS	
STREET ADDRESS	8299 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON MARTIN	
STREET ADDRESS	8299 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ANA MARIA	
STREET ADDRESS	8299 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33155	
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		
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana Maria Rodriguez

305-594-1801

Date

Daytime Phone #

CR2E037 (9/99)