2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90067 036 ****70.00

DOCUMENT # N20849

1. Entity Name

LE JARDIN COMMUNITY CENTER, INC.

Principal Place of Business	Mailing Address
47 NORTH KROME AVENUE HOMESTEAD FL 33030 US	47 NORTH KROME AVENUE HOMESTEAD FL 33030 US

☐ CHECK HERE IF MAKING CHANGES

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 59-2810036 ☐ 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
PROBINSKY, BRENT 633 NORTH KROME AVENUE HOMESTEAD FL 33030	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WINEBRENNER, OPAL 5431 NW 167 STREET OPA LOCKA FL 33055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHRAMM, THOMAS 47 NORTH KROME AVENUE HOMESTEAD FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Paul, Anthony 1825 Ponce de Leon Blvd. Coral Gables, FL 33134-4418	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WILLIAMS, TIM 47 NORTH KROME AVENUE HOMESTEAD FL 33030	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Mulchansingh, Roger B. 14129 SW 161st Ct. Miami, FL 33176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERRONES, EDUARDO 47 N KROME AVE HOMESTEAD FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Buchanan, Tim 27335 SW 166 Avenue Homestead, FL 33031	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RICE, MARCELA PO BOX 343449 FL. CITY FL 33034	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cronk, Ginnie 2855 SE 4th Place Homestead, FL 33033	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Figueredo, Luis 8455 SW 158th Street Miami, FL 33157	☐ Change ☒ Addition

CR2E037 (10/02)

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: Eddie Bernard REQUIRED 4-7-03 305-245-4994