

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005000

1. Entity Name

THE HABANA CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90159 011 ****61.25

Principal Place of Business 1308 DREXEL DR MIAMI BEACH FL 33139 US	Mailing Address C/O DEJA VU PROPERTIES P.O BOX 191904 MIAMI FL 33119-1904 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0621232	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARTLETT, SHERRY
1130 WASHINGTON AVE
7TH FL
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **Sherry Bartlett**
 Street Address (P.O. Box Number is Not Acceptable)
6140 SW 45 St.
 City **MIAMI** FL Zip Code **33155**

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 *Sherry Bartlett* **SHERRY BARTLETT** **3-30-2000**
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

T	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAO, JOSE 1308 DREXEL AVE, #101 MIAMI BEACH FL
D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANTON, WILLIAM 1308 DREXEL AVE, #112 MIAMI BEACH FL 33139
P	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THORNTON, JOHN A 1308 DREXEL AVENUE, #101 MIAMI BEACH FL
SD	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRIFFITH, ALLAN 1308 DREXEL AVE #108 MIAMI BEACH FL
D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARDS, KEN 1308 DREXEL AVE #302 MIAMI BEACH FL 33139
T	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARDON, ESTEBAN 1308 DREXAL AVE., #205 MIAMI BCH FL 33139

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOSE CHAO 688 N.E. 69 St. MIAMI, FL 33138
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-DIRECTOR WILLIAM FRAMPTON 1308 DREXEL AVE. #112 MIAMI BEACH, FL 33139
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR JOSEPH GALLIANO, JR. 10 WASHINGTON ST. HICKSVILLE, NY 11801
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER-DIRECTOR ROBERT HORTON 1717 NO. BAYSHORE DR. #3855 MIAMI, FL 33132
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec.-DIRECTOR KEN RICHARD 1308 DREXEL AVE. #112 MIAMI BEACH, FL 33139
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BRIAN FINLAY 1308 Drexel Ave. #210 MIAMI BEACH, FL 33139

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: *Joseph Galliano* **JOSEPH GALLIANO, Pres.** **3-28-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)