

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90143 045 \*\*\*\*61.25

0037509

**DOCUMENT # N94000005000**

1. Entity Name  
**THE HABANA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>1308 DREXEL DR          MIAMI BEACH FL 33139          US</b>	Mailing Address <b>C/O DEJA VU PROPERTIES          P.O BOX 191904          MIAMI FL 33119          US</b>
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0621232</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
Name <b>BARTLETT, SHERRY</b>		Name
Street Address (P.O. Box Number is Not Acceptable) <b>6140 SW 45 ST</b>		Street Address (P.O. Box Number is Not Acceptable)
City <b>MIAMI FL 33155</b>		City <b>FL</b>
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHAO, JOSE</b> <b>688 NE 69 ST</b> <b>MIAMI FL 33138</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>FRANTON, WILLIAM</b> <b>1308 DREXEL AVE, #112</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GARLIAND, JOSEPH JR</b> <b>10 WASHINGTON ST</b> <b>HICKSVILLE NY 11801</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HORTON, ROBERT</b> <b>1717 N DAYSHORE DR., #3855</b> <b>MIAMI FL 33132</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RICHARD, KEN</b> <b>1308 DREXEL AVE., #112</b> <b>MIAMI BEACH FL 33139</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FINLAY, BRIAN</b> <b>1308 DREXEL AVE., #210</b> <b>MIAMI BCH FL 33139</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			<b>SD</b> <b>BRIAN FINLAY</b> <b>1308 Drexel Ave #210</b> <b>MIAMI BEACH, FL 33139</b>

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 Garliano* **3-16-01 305-674-4495**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)