

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90027 008 ****61.25

DOCUMENT # N94000005000

1. Entity Name

THE HABANA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1308 DREXEL DR
 MIAMI BEACH FL 33139
 US**

**C/O DEJA VU PROPERTIES
 P.O BOX 191904
 MIAMI FL 33119
 US**

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

65-0621232

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

**BARTLETT, SHERRY
 6140 SW 45 ST
 MIAMI FL 33155**

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: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	CHAO, JOSE	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		688 NE 69 ST	
CITY-ST-ZIP		MIAMI FL 33138	
TITLE	VD	FRANTON WILLIAM	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1308 DREXEL AVE #112	
CITY-ST-ZIP		MIAMI BEACH FL 33139	
TITLE	PD	GARLIAND, JOSEPH JR	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		10 WASHINGTON ST	
CITY-ST-ZIP		HICKSVILLE NY 11801	
TITLE	TD	HORTON, ROBERT	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1717 N DAYSHORE DR., #3855	
CITY-ST-ZIP		MIAMI FL 33132	
TITLE	SD	FINLAY, BRIAN	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1308 DREXEL AVE., #112	
CITY-ST-ZIP		MIAMI BEACH FL 33139	
TITLE	D	FINLAY, BRIAN	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1308 DREXEL AVE., #210	
CITY-ST-ZIP		MIAMI BOH FL 33139	

TITLE	SD	Conte, Frank	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		313 Edgemont Drive, Loch Arbour, NJ	
CITY-ST-ZIP		07911	
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

Joseph R. Gagliano, Jr
 President
 4/25/02 605 0530

Date Daytime Phone #

CR2E037 (9/01)