

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 Delete
 NAME **CHAO, JOSE**
 STREET ADDRESS **688 NE 69 ST**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **FRANTON WILLIAM**
 STREET ADDRESS **1308 DREXEL AVE #112**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
 NAME **SD Conte, Frank**
 STREET ADDRESS **313 Edgemont Drive, Loch Arbour, NJ**
 CITY-ST-ZIP **07911**

TITLE Delete
 NAME **GARLIAND, JOSEPH JR**
 STREET ADDRESS **10 WASHINGTON ST**
 CITY-ST-ZIP **HICKSVILLE NY 11801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **HORTON, ROBERT**
 STREET ADDRESS **1717 N DAYSHORE DR., #3855**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **FINLAY, BRIAN**
 STREET ADDRESS **1308 DREXEL AVE., #112**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **FINLAY, BRIAN**
 STREET ADDRESS **1308 DREXEL AVE., #210**
 CITY-ST-ZIP **MIAMI BOH FL 33139**

TITLE Change 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)