

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-21-2000 90075 016 ****61.25

DOCUMENT # N95000001749

1. Entity Name

LES JARDINS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8200 N.W. 10 STREET
 MIAMI FL 33126
 US

C/O 305 ALCAZAR AVE.
 CORAL GABLES FL 33134
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0651973

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C/O TERESA VILAR
 305 ALCAZAR AVE.
 CORAL GABLES FL 33134

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	SIERO, LESLIE	8270 NW 10ST APT 9	MIAMI FL 33126				
VPD	SIERO, LESLIE	8270 N.W. 10 STREET APT. 9	MIAMI FL 33126				
STD	BENITO, MARTHA	8310 N.W. 10 STREET J9	MIAMI FL 33126				
VPD	MOTA, JESUS	8920 NW 10ST 9	MIAMI FL 33126				
STD	BENITO, MARTHA	8310 NW 10ST APT 9	MIAMI FL 33126				

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
				PD	JESUS MOTA	8320 NW 10ST 9	MIAMI, FLA 33126
				STD	MARTHA Benito	8310 NW 10ST J9	Miami, Fla 33126
					FRANCESCO Benito VP	8310 NW 10 ST. J9	MIAMI FL 33126

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/2000 (305) 447-9091
 Date Daytime Phone #

CR2E037 (9/99)