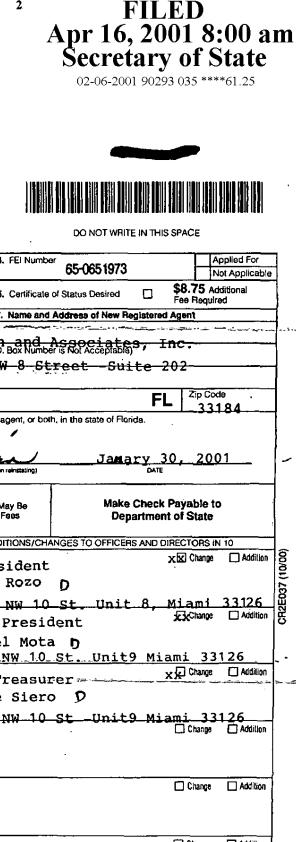
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500001749 1. Entity Name 02-06-2001 90293 035 ****61.25 LES JARDINS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O 305 ALCAZAR AVE. 8200 N.W. 10 STREET MIAMI FL 33126 CORAL GABLES FL 33134 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0651973 Not Applicable . Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) C/O TERESA VILAR 12460 SW 8 Street - Suite 202 305 ALCAZAR AVE. **CORAL GABLES FL 33134** Zip Code 33184 Miami 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the state of Florida. Tamara Moran _Agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. STD XX Change TIRLE TITLE ☐ Addition > Delete President BENITO, MARTHA NAME NAME Jose Rozo STREET ADDRESS STREET ADDRESS 8310 N.W. 10 STREET J9 CITY-ST-71P CITY-ST-ZIP MIAMI FL 33126 33.126 8270 NW 10 St. Unit 8 Miami TITLE TITLE PD ☐ Addition XX Delete Change Vice President NAME NAME MOTA, JESUS STREET ADDRESS STREET ADDRESS 8320 NW 10ST 9 Rafael Mota h CITY-ST-ZIP CITY-ST-ZIP 8320 NW 10 St. Unit9 Miami 33126 MIAMI FL 33128 TITLE DVP TITLE Addition Delete X Change Sec/Treasurer === NAME PEREZ, FRANCESCO NAME eslie Siero STREET ADDRESS STREET ADDRESS D 8310 NW 10 ST J8 CITY-ST-ZIP CITY-ST-ZIP MIAML FL 33126 8270 NW 10 St -Unit9 Miami _33126 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 Interese empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if



SIGNATURE: