

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 16, 2001 8:00 am
Secretary of State

02-06-2001 90293 035 ****61.25

DOCUMENT # N95000001749

1. Entity Name
LES JARDINS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 8200 N.W. 10 STREET MIAMI FL 33126 US	Mailing Address C/O 305 ALCAZAR AVE. CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0651973	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **Moran and Associates, Inc.**
Street Address (P.O. Box Number is Not Acceptable): **12460 SW 8 Street Suite 202**
City: **Miami** FL Zip Code: **33184**

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: Tamara Moran - Agent *Tamara Moran* January 30, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE

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

TITLE	STD BENITO, MARTHA	<input checked="" type="checkbox"/> Delete
NAME	8310 N.W. 10 STREET J9	
STREET ADDRESS	MIAMI FL 33126	
CITY-ST-ZIP		
TITLE	PD MOTA, JESUS	<input checked="" type="checkbox"/> Delete
NAME	8320 NW 10ST 9	
STREET ADDRESS	MIAMI FL 33126	
CITY-ST-ZIP		
TITLE	DVP PEREZ, FRANCESCO	<input checked="" type="checkbox"/> Delete
NAME	8310 NW 10 ST J8	
STREET ADDRESS	MIAMI FL 33126	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose Roza D	
STREET ADDRESS	8270 NW 10 St. Unit 8, Miami 33126	
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rafael Mota D	
STREET ADDRESS	8320 NW 10 St. Unit 9 Miami 33126	
CITY-ST-ZIP		
TITLE	Sec/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leslie Siero D	
STREET ADDRESS	8270 NW 10 St Unit 9 Miami 33126	
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: *Tamara Moran* 1/30/01 (305) 592-8245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)