

FILED

02 OCT -3 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001749
1. Entity Name

LES JARDINS CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8200 NW 10 ST.

3. Mailing Address
12460 SW 8 ST.

Subs. Apt. #, etc.

Subs. Apt. #, etc.

SUITE 202

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
65-065 1973

Applied For
Not Applicable

38126

Country
USA

Zip
33184

Country
USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

MORAN AND ASSOCIATES, INC.

Street Address (P.O. Box Number is Not Acceptable)

12460 SW 8 ST.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when releasing)

JULY 24, 2002

DATE

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fee

Make Check Payable to
P. O. Number 1210

10. OFFICERS AND DIRECTORS

TITLE
NAME P. RAFAEL MOTTA
STREET ADDRESS
CITY - ST - ZIP
8320 NW 10 ST. #9
MIAMI, FL 33126

TITLE
NAME ST. LESLIE SIERO
STREET ADDRESS
CITY - ST - ZIP
8270 NW 10 ST. #9
MIAMI, FL 33126

TITLE
NAME VP. MARTHA-ALFONSO
STREET ADDRESS
CITY - ST - ZIP
8300 NW 10 Street #1
Miami, FL 33126

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

CR2002B (2/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

8/17/2002

Daytime Phone #