

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000420

1. Entity Name

SILVER GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

10000 OKEECHOBEE ROAD
HIALEAH FL 33016
US

Mailing Address

10011 W OKEECHOBEE ROAD
APT 101
HIALEAH FL 33016
US

FILED
01 NOV -9 PM 6:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

10015 W Okeechobee Rd
Suite, Apt. #, etc.
Apt 102
City & State
HIALEAH Gardens FL

3. Mailing Address

10011 W Okeechobee Rd
Suite, Apt. #, etc.
Apt 102
City & State
HIALEAH Gardens FL

REINSTATEMENT 01

4. FEI Number

65-0480644

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, JOSE M ESQ.
782 NW LEJEUNE RD., STE. 548
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name: Josephine Fernandez-Ochoa
Street Address (P.O. Box Number is Not Acceptable): 10101 W Okeechobee Rd Apt 10101
City: HIALEAH GARDENS FL Zip Code: 33016

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: Josephine Fernandez-Ochoa
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 8/7/01

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JAIME, CAMILO M	
STREET ADDRESS	15476 N.W. 77TH COURT, SUITE 338	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROBLES, JESUS	
STREET ADDRESS	15476 N.W. 77TH COURT, SUITE 338	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GUERRA, ARMANDO J	
STREET ADDRESS	15476 N.W. 77TH COURT, SUITE 338	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HERRAN, AGUSTIN	
STREET ADDRESS	15476 N.W. 77TH COURT, SUITE 338	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIZABETH PUENTE	
STREET ADDRESS	10015 W Okeechobee Rd #102	
CITY-ST-ZIP	HIALEAH 6, FL 33016	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNALDO CHAVIANO	
STREET ADDRESS	10011 W Okeechobee Rd #102	
CITY-ST-ZIP	HIALEAH 6, FL 33016	
TITLE	SA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKELINE TORRES	
STREET ADDRESS	10015 W Okeechobee Rd #101	
CITY-ST-ZIP	HIALEAH 6, FL 33016	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALIS MERRINO	
STREET ADDRESS	10011 W Okeechobee Rd #102	
CITY-ST-ZIP	HIALEAH 6 33016	
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: Elizabeth Puente
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-01-01 (305) 820-3966

CR2E037 (5/01)