


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90311 050 \*\*\*\*61.25

**DOCUMENT # N99000006341**

1. Entity Name  
**THE FOUNTAINS AT FONTAINBLEAU CONDOMINIUM NO. THREE ASSOCIATION, INC.**



Principal Place of Business  
**9360 SUNSET DRIVE  
252  
MIAMI FL 33173  
US**

Mailing Address  
**9360 SUNSET DRIVE  
252  
MIAMI FL-33173  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-1011238** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MELONI, EDO  
900 S.W. 40TH AVENUE  
PLANTATION FL**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAROLD, RAS	
STREET ADDRESS	9360 SUNSET DRIVE #252	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HERNADEZ, MARIA	
STREET ADDRESS	9360 SUNSET DRIVE #252	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TELLAS, JOSE A	
STREET ADDRESS	9360 SUNSET DRIVE #252	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	DD	<input type="checkbox"/> Delete
NAME	PEREIRA, PEDRO R	
STREET ADDRESS	9360 SUNSET DRIVE #252	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALES, RENE L	
STREET ADDRESS	9360 SUNSET DRIVE #252	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: SIGNATURE

01/9/02

CR2E037 (10/02)