

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90009 015 ****61.25

DOCUMENT # 712379

1. Entity Name

HARDING HALL CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

C/O ROBERTS MANAGEMENT
 1840 NE 153RD STREET
 NORTH MIAMI BEACH FL 33162
 US

C/O ROBERTS MANAGEMENT
 1840 NE 153RD STREET
 NORTH MIAMI BEACH FL 33162-6044
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8233 HARDING AVE

Suite, Apt. #, etc.

Box 510

City & State

Miami Beach FL

Zip

33141

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1200336

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROBERTS MANAGEMENT & REALTY
 1840 NE 153RD STREET
 N. MIAMI BEACH FL 33162~~

Name **JPM Condo Management**

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

and Maintenance Inc.

275 Fontainebleau Blvd. Suite 200

City **Miami**

FL

Zip Code

33172

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DT	PUENTES, JESUS	8233 HARDING AVE 402	MIAMI BCH FL	<input type="checkbox"/>
D	TEITEIRO, MARIA TERESA	8233 HARDING AVE 201	MIAMI BCH FL	<input type="checkbox"/>
DVP	FUENTES, DAVID	8233 HARDING AVE #209	MIAMI BEACH FL	<input checked="" type="checkbox"/>
D	ANDINO, RITA	8233 HARDING AVE #608	MIAMI BCH FL	<input type="checkbox"/>
DP	SAAD, MIRLAN	8233 HARDING AVE #403	MIAMI BCH. FL	<input type="checkbox"/>
DS	LANDGROVE, EUHALIA	8233 HARDING AVE, #409	MIAMI BCH. FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
DVP	BARBARA ROJAS	8233 HARDING AVE 302	MIAMI BEACH FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ANA LANDERA	8233 HARDING AVE 407	MIAMI BCH FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	TEITEIRO, MARIA TERESA			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
DS	LANDROVE RUTHALIA			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 (305) 867-0532