

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707577

1. Entity Name

JEFFERSON PARK, INC., A CONDOMINIUM

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90086 015 \*\*\*\*\*61.25

Principal Place of Business

1498 JEFFERSON AVE  
MIAMI BCH FL 33139  
US

Mailing Address

C/O GALIANA MANAGEMENT  
P O BOX 453436  
MIAMI FL 33139  
US

629180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1104478

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GALIANA MANAGEMENT  
C/O MIRIAM GALIANA  
250 SW 21 RD  
MIAMI FL 33129

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.

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 *Dir* *Director* ☐ Delete  
NAME KELLEY, JAMES  
STREET ADDRESS 1498 JEFFERSON AVE, 505-A  
CITY-ST-ZIP HIALEAH FL 33139

TITLE *Pres* ☐ Change ☒ Addition  
NAME MARIA E. Chelala  
STREET ADDRESS 1498 Jefferson Ave. # 208  
CITY-ST-ZIP MIAMI Beach, Florida 33139

TITLE *Tres* ☐ Delete  
NAME SANTANA, MARIA  
STREET ADDRESS 1498 JEFFERSON AVENUE #408  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *D* ☐ Delete  
NAME KOON, PAULA  
STREET ADDRESS 1498 JEFFERSON AVE., #206  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Vice P.* ☐ Delete  
NAME BORSKY, JAY  
STREET ADDRESS 1498 JEFFERSON AVE APT 508-A  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *P* ☒ Delete  
NAME PEREIRA, PATRICIA  
STREET ADDRESS 1498 JEFFERSON AVE APT 208  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Dir* ☐ Delete  
NAME MARTINEZ, ALFREDO  
STREET ADDRESS 1498 JEFFERSON AVENUE #301  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)