

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

FILED

02 APR 22 PM 6:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300005432079--2

-05/03/02--01007--011

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

01-02

DOCUMENT # 712379
1. Entity Name
HARDING HALL CONDOMINIUM INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PROPERTY MANAGEMENT SERVICES		3. Mailing Address PROPERTY MANAGEMENT SERVICES	
Suite, Apt. #, etc. 8299 CORAL WAY		Suite, Apt. #, etc. 8299 CORAL WAY	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33155	Country U.S.A	Zip 33155	Country U.S.A

4. FEI Number 59-1200336	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: PROPERTY MANAGEMENT SERVICES CORP.
Street Address (P.O. Box Number is Not Acceptable): 8299 CORAL WAY
City: MIAMI, FL Zip Code: 33155

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: JULIO GONZALEZ PORTUONDO *Julio Gonzalez Portuondo* 4/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
--	---	--------------------------------	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ-CARVAJAL, GABRIEL 8233 HARDING AVE, APT 303 MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300005432079--2 -05/03/02--01007--012 *****61.50 *****61.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, MARIA ELENA 8233 HARDING AVE, APT 303 MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300005432079--2 -05/03/02--01007--013 *****175.00 *****175.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- LINDBERG, ANDREW 8233 HARDING AVE, APT 409 MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAMZARDIYA, LEON 8233 HARDING AVE, APT 708 MIAMI BEACH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Handwritten Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEIJEIRO, MARIA TERESA 8233 HARDING AVE, APT 201 MIAMI BEACH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LANDROVE-EULALIA 8233 HARDING AVE, APT 504 MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E0378 (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.
SIGNATURE: *[Handwritten Signature]* 1/24/02 (305) 264-4280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #