

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-07-2003 91036 020 ***61.25

DOCUMENT # 745049 1. Entity Name EL JARDIN DE HIALEAH CONDOMINIUM, INC.			
Principal Place of Business 30 EAST 39TH STREET HIALEAH FL 33013		Mailing Address 30 EAST 39TH STREET UNIT 321 HIALEAH FL 33013	
2. Principal Place of Business 30 EAST 39 ST Suite, Apt. #, etc. APT # 324 City & State Hialeah Fla Zip 33013 Country Miami Dade		3. Mailing Address 30 EAST 39 ST Suite, Apt. #, etc. APT # 324 City & State Hialeah Fla. Zip 33013 Country	
4. FEI Number 59-2241851		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CASTILLO, GISELA 30 EAST 39TH STREET UNIT 321 HIALEAH FL 33013		7. Name and Address of New Registered Agent Name Angela Avalos Street Address (P.O. Box Number is Not Acceptable) 30 E 39 ST # 324 City Hialeah FL Zip Code 33013	
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 X. Angela Avalos DATE 4-3-03. <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTILLO, GISELA 30 EAST 39TH STREET UNIT 321 HIALEAH FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Angela Avalos 30 EAST 39 ST UNIT 324 Hialeah FL 33013 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEMANY, MAGDALENA 30 EAST 39TH STREET UNIT 311 HIALEAH FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Basilio Valiente 30 EAST 39 ST UNIT #219 Hialeah FL 33013 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONAGAS, ANGELES 30 EAST 39TH STREET APT 303 HIALEAH FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Olga M. Perez 30 EAST 39 ST UNIT #315 Hialeah FL 33013 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X. Angela Avalos SIGNATURE REQUIRED 4-3-03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E037 (10/02)