

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712379

1. Entity Name

HARDING HALL CONDOMINIUM, INC.

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

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

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
DADP

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 DT
NAME PUENTES, JESUS
STREET ADDRESS 8233 HARDING AVE 402
CITY-ST-ZIP MIAMI BCH FL ☐ Delete

TITLE DVP
NAME BARBARA ROJAS
STREET ADDRESS 8233 HARDING AVE 302
CITY-ST-ZIP MIAMI BEACH FL ☐ Change ☒ Addition

TITLE D
NAME TEITEIRO, MARIA TERESA
STREET ADDRESS 8233 HARDING AVE 201
CITY-ST-ZIP MIAMI BCH FL ☐ Delete

TITLE D
NAME ANA LANDERA
STREET ADDRESS 8233 HARDING AVE 407
CITY-ST-ZIP MIAMI BCH FL ☐ Change ☒ Addition

TITLE DVP
NAME FUENTES, DAVID
STREET ADDRESS 8233 HARDING AVE #209
CITY-ST-ZIP MIAMI BEACH FL ☒ Delete

TITLE D
NAME TEITEIRO, MARIA TERESA
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ANDINO, RITA
STREET ADDRESS 8233 HARDING AVE #608
CITY-ST-ZIP MIAMI BCH FL ☐ Delete

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

TITLE DP
NAME SAAD, MIRLAN
STREET ADDRESS 8233 HARDING AVE #403
CITY-ST-ZIP MIAMI BCH. FL ☐ Delete

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

TITLE DS
NAME LANDGROVE, EUHALIA
STREET ADDRESS 8233 HARDING AVE, #409
CITY-ST-ZIP MIAMI BCH. FL ☐ Delete

TITLE DS
NAME LANDROVE EUHALIA
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 (305) 667-0532