

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

DOCUMENT # 717061

1. Entity Name

THREE HORIZONS, SOUTH, CONDOMINIUM, INC.

02-14-2000 90145 001 *****8.75
 02-14-2000 90145 002 *****61.25

8461



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1465 NE 123RD STREET NORTH MIAMI FL 33161		Mailing Address 1465 NE 123RD STREET NORTH MIAMI FL 33161-8054	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1438437		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOLDSTEIN, PAMELA 1465 NE 125TH STREET #708 NORTH MIAMI FL 33161		Name: Leonardo Timor Street Address (P.O. Box Number is Not Acceptable): 1465 NE 123rd St. #910 City: N. Miami, FL Zip Code: 33161	

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: **Leonardo Timor**
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/5/00

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 Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP	NAME: KAPLOWITZ, CHARLOTTE	TITLE: President	NAME: Leonardo Timor
STREET ADDRESS: 1465 NW 123 ST. #805	CITY-ST-ZIP: NORTH MIAMI FL 33161	STREET ADDRESS: 1465 NE 123 St Apt. PH10	CITY-ST-ZIP: NORTH MIAMI FL. 33161
TITLE: P	NAME: GOLDSTEIN, PAMELA	TITLE: Vice-President	NAME: Alberto Ruiz
STREET ADDRESS: 1465 NE 123RD STREET #708	CITY-ST-ZIP: NORTH MIAMI FL 33161	STREET ADDRESS: 1465 NE 123 St. # 802	CITY-ST-ZIP: NORTH MIAMI FL. 33161
TITLE: S	NAME: KAPLOWITZ, CHARLOTTE	TITLE: Treasurer	NAME: Paula Ruiz
STREET ADDRESS: 1465 NE 123 ST. #805	CITY-ST-ZIP: NORTH MIAMI FL 33161	STREET ADDRESS: 1465 NE. 123 St. # 303	CITY-ST-ZIP: NORTH MIAMI FL. 33161
TITLE: T	NAME: THRENGNGOMIZ, A.	TITLE: Director	NAME: Desire Romero
STREET ADDRESS: 1465 NE 123 STREE #715	CITY-ST-ZIP: NORTH MIAMI FL 33161	STREET ADDRESS: 1465 NE. 123 St. # 609	CITY-ST-ZIP: NORTH MIAMI FL. 33161
TITLE: D	NAME: DEJUAN, FERNANDO	TITLE: Director	NAME: Maria Osario
STREET ADDRESS: 1465 NE 123 ST. #514	CITY-ST-ZIP: NORTH MIAMI FL 33161	STREET ADDRESS: 1465 NE. 123 St. # 501	CITY-ST-ZIP: NORTH MIAMI FL 33161
TITLE: D	NAME: DANIEL OZUNA		
STREET ADDRESS: 1465 NE 123RD ST #506	CITY-ST-ZIP: NORTH MIAMI FL 33161		

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: **DANIEL OZUNA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. **2/5/00** **895-907**
 Daytime Phone #