

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

0007142

DOCUMENT # 717061

1. Entity Name

THREE HORIZONS, SOUTH, CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

1465 NE 123RD STREET
 NORTH MIAMI FL 33161

1465 NE 123RD STREET
 NORTH MIAMI FL 33161

00074979



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 **59-1438437**

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

LEONARDO, TIMOR
1465 NE 123RD ST 910
NORTH MIAMI FL 33161

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
After September 12, 2001, min. will be \$236.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	LEONARDO, TIMOR	1465 NE 123ST APT PH10	NORTH MIAMI FL 33161	<input checked="" type="checkbox"/>
VP	RUIZ, ALBERTO	1465 NE 123 ST 802	NORTH MIAMI FL 33161	<input type="checkbox"/>
T	RUIZ, PAULA	1465 NE 123 ST 303	NORTH MIAMI FL 33161	<input type="checkbox"/>
D	ROMERO, DESIRE	1465 NE 123 ST 609	NORTH MIAMI FL 33161	<input type="checkbox"/>
D	OSORIO, MARIA	1465 NE 123 ST 501	NORTH MIAMI FL 33161	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Ariel Miranda	1465 NE 123 ST # PH15	NORTH MIAMI FL 33161	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

CR2E037 (5/01)