

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0025619

04-11-2002 90009 021 ****61.25

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

0000-



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1465 NE 123 ST

3. Mailing Address

1465 NE 123 ST

Suite, Apt. #, etc.

Office

Suite, Apt. #, etc.

Office

City & State

N Miami FL

City & State

N Miami FL

4. FEI Number

59-1438437

Applied For

Not Applicable

Zip

33161

Country

USA

Zip

33161

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARDO, TIMOR
 1465 NE 123RD ST 110
 NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name **ARIEL MIRANDA**

Street Address (P.O. Box Number is Not Acceptable) **1465 NE 123 ST #PH15**

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

Ariel Miranda, President of Association 3/25/02

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

| | | |
|----------------|-----------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MIRANDA, ARIEL | |
| STREET ADDRESS | 1465 NE 123RD STREET, PH#15 | |
| CITY-ST-ZIP | NORTH MIAMI FL 33161 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | RUIZ, ALBERTO | |
| STREET ADDRESS | 1465 NE 123 ST 802 | |
| CITY-ST-ZIP | NORTH MIAMI FL 33161 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | RUIZ, PAULA | |
| STREET ADDRESS | 1465 NE 123 ST 303 | |
| CITY-ST-ZIP | NORTH MIAMI FL 33161 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROMERO, DESIRE | |
| STREET ADDRESS | 1465 NE 123 ST 609 | |
| CITY-ST-ZIP | NORTH MIAMI FL 33161 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OSORIO, MARIA | |
| STREET ADDRESS | 1465 NE 123 ST 501 | |
| CITY-ST-ZIP | NORTH MIAMI FL 33161 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John Ramirez | |
| STREET ADDRESS | 1465 NE 123 ST #616 | |
| CITY-ST-ZIP | N Miami FL 33161 | |
| TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Desire Romero | |
| STREET ADDRESS | 1465 NE 123 ST #503 | |
| CITY-ST-ZIP | N Miami FL 33161 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

3/25/02 305899099P

Date

Daytime Phone #

CR2E037 (9/01)