


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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91520 029 ****61.25

DOCUMENT # 717061			
1. Entity Name THREE HORIZONS, SOUTH, CONDOMINIUM, INC.			
Principal Place of Business 1465 NE 123RD STREET NORTH MIAMI, FL 33161		Mailing Address 1465 NE 123RD STREET NORTH MIAMI, FL 33161	
2. Principal Place of Business		3. Mailing Address 7071 W. Commercial Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2B	
City & State		City & State Tamarac	
Zip	Country	Zip	Country
		33319	USA
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 MIRANDA, ARIEL 1465 NE 123RD ST 910 NORTH MIAMI, FL 33161		7. Name and Address of New Registered Agent Name Sunrae Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 7071 W. Commercial Blvd # 2B City Tamarac FL Zip Code 33319	
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 <u><i>Daren Buoch</i></u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when attending) DATE</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-2P	P MIRANDA, ARIEL 1465 NE 123RD STREET, PH#15 NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	D Romero, Desiree 1405 NE 123RD STREET #583 North Miami, FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-2P	VP RUIZ, ALBERTO 1465 NE 123 ST 802 NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	T Ramirez, John 1465 NE 123RD STREET # 616 North Miami, FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-2P	TD RUIZ, PAULA 1465 NE-123 ST 303 NORTH MIAMI, FL 33161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	D Munoz, Jorge 1405 NE 123RD STREET #615 North Miami, FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-2P	D ROMERO, DESIREE 1465 NE 123 ST 609 NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-2P	D OSORIO, MARIA 1465 NE 123 ST 501 NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	S Jessica Burthin 1465 NE 123 ST #PH08 N Miami FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-2P	S RAMIREZ, JOHN 1465 NE 123 ST 616 MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<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)(l), 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: <u><i>Ariel Miranda</i></u> / President 04/22/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>			

CR20037 (10/02)