

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718612

1. Entity Name

CARLYLE CONDOMINIUM ASSOCIATION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 29 AM 9:04

Principal Place of Business Mailing Address  
C/O L.M. QUALITY MANAGEMENT 4001 NW 5TH STREET  
4001 NW 5 STREET MIAMI FL 33126-5605  
MIAMI FL 33126 US  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7925 CARLYLE AVE  
Suite, Apt. #, etc. APT #202  
City & State MIAMI BEACH, FL

3. Mailing Address 7925 CARLYLE AVE  
Suite, Apt. #, etc. APT #202  
City & State MIAMI BEACH, FL

4. FEI Number 59-1445043 Applied For Not Applicable

Zip 33141 Country MIAMI-DADE

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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
NUNEZ, LUZMARY  
4001 NW 5TH STREET  
MIAMI FL 33126

7. Name and Address of New Registered Agent  
Name: YRIS ENRIQUEZ  
Street Address (P.O. Box Number is Not Acceptable): 7925 CARLYLE AVE #202  
City: MIAMI BEACH, FL 33141  
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]* PRESIDENT *[Signature]* 9/27/00  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STABILE, ELVIRA <input checked="" type="checkbox"/> Delete 7925 CARLYLE AVE., #303 MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENRIQUEZ, YRIS <input type="checkbox"/> Delete 7925 CARLYLE AVE., APT. #202 MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENCIA, DANIEL <input type="checkbox"/> Delete 7925 CARLYLE AVE., APT. #204 MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOSEFINA ESCALERA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7925 CARLYLE AVE #304 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003419941-3 <input type="checkbox"/> Change <input type="checkbox"/> Addition -10/10/00--01010--011 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *[Signature]* YRIS ENRIQUEZ 9/27/00 (305) 868-4544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)