

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90448 045 ****61.25

DOCUMENT # 722103

1. Entity Name

NARANJA LAKES CONDOMINIUM NO. TWO, INC.

Principal Place of Business

Mailing Address

7340 S.W. 132ND ST.
 MIAMI FL 33156

5201 BLUE LAGOON DR.
 SUITE #100
 MIAMI FL 33126-2065

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

59-155 1246

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGEL, DAVID H
5201 BLUE LAGOON DRIVE #100
MIAMI FL 33126

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

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	P	<input type="checkbox"/> Delete
NAME	ARCHER, STUART	
STREET ADDRESS	7340 S.W. 132ND STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GILES, VICTORIA	
STREET ADDRESS	16240 SW 283RD ST	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOEBLER, LIZABETH	
STREET ADDRESS	9550 SW 188TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VELLANTI, THOMAS JR.	
STREET ADDRESS	15300 S.W. 271ST ST.	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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 REVOKED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 APRIL 2000 305-338-0911
 Date Daytime Phone #

CR2E037 (9/99)