

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90180 001 ****61.25

DOCUMENT # 726594

1. Entity Name

ALMERIA GARDENS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**11900 SW 73 AVE
 PINECREST FL 33156
 US**

**P.O. BOX 565853
 PINECREST FL 33256**



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

59-1595663

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

**HAYS, MAGGIE
 11900 SW 73 AVE
 PINECREST FL 33156**

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	CAVEDA, MARIA S	
STREET ADDRESS	34 ALMERIA AVE UNIT 10	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VT	<input type="checkbox"/> Delete
NAME	O'REILLY, ARAMIS	
STREET ADDRESS	30 ALMERIA AVE UNIT 7	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	REVUELTA, RENE	
STREET ADDRESS	30 ALEMRIA AVE UNIT 8	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	CASTELLANOS, ADA	
STREET ADDRESS	724 PALERMO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALIBERTI, MICHAEL	
STREET ADDRESS	1807 NE 18TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33305-3401	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	HAYS, MARGARITA R	
STREET ADDRESS	11900 SW 73 AVE	
CITY-ST-ZIP	PINECREST FL 33156	

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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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Margarita R. Hays

4/2/02

305 -
233-2424