

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/2

DOCUMENT # 729424

1. Entity Name

VERSAILLES GARDENS I CONDOMINIUM ASSOCIATION, IN

**FILED**  
May 22, 2000 8:00 am  
Secretary of State

05-02-2000 90051 021 \*\*\*\*70.00

Principal Place of Business	Mailing Address
9421 SOUTHWEST 4TH STREET MIAMI FL 33174	9421 SOUTHWEST 4TH STREET MIAMI FL 33174-2002

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-1594854	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

EDOARDO MELONI, HYMAN & KAPLAN P  
150 WEST FLAGLER STREET  
27TH FLOOR, MUSEUM TOWER  
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name: EDOARDO MELONI, ESQ.  
Street Address (P.O. Box Number is Not Acceptable): SAKS SACHS & KLEIN LAW FIRM  
301 YANATO ROAD, SUITE 4150  
City: BEA RATION FL Zip Code: 33431

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]  
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	P ALIAGA, CARLOS 9441 S.W. 4TH STREET, #105 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINO, PURA 9411 S.W. 4TH STREET, #409 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAVIANO, ROLAND 9431 S.W. 4TH STREET, #106 MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRAPINANA, NORMA 9401 SW 4TH ST #111 MIAMI FL 33174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUYA, ANTONIO 9411 S.W. 4TH STREET, #212 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, AMPARO 9441 SW 4 ST, #106 MIAMI FL 33174 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELENA MARTIN 9441 S.W. 4 ST #413 MIAMI, FL 33174 <input type="checkbox"/> Change <input checked="" 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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUIZ, AMPARO 9441 S.W. 4 ST #106 MIAMI, FL 33174 <input checked="" 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)(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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/18/00 (30) RTB 4240  
Daytime Phone #

CR2E037 (9/99)