

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738645

1. Entity Name

LEJEUNE HOUSE CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90007 031 ****61.25

Principal Place of Business

Mailing Address

% ASTRO CONDO SERVICES, INC
 7301 NW 41 ST
 MIAMI FL 33166

% ASTRO CONDO SERVICES, INC
 7301 NW 41 ST
 MIAMI FL 33166-6743



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

90 Astro Condo Services

90 Astro Condo Services

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2100 W 76 ST-SUITE 413

2100 W 76 ST-SUITE 413

City & State

City & State

HALEAH, FL

HALEAH, FL

4. FEI Number

59-1807391

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip 33016

Country U.S.A.

Zip 33016

Country U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REY, LOUIS A.
 7301 N.W. 41ST STREET
 MIAMI FL 33166

Name

LOUIS A. REY

Street Address (P.O. Box Number is Not Acceptable)

90 ASTRO CONDO SERVICES
 2100 WEST 76 STREET-SUITE 413

City

HALEAH

FL

Zip Code

33016

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

John Henry (LOUIS A. REY) PROPERTY MGR 1/14/2000

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	LOINAZ, MIRENTXU	
STREET ADDRESS	300 N. W. 42 AVENUE #202	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	S	<input type="checkbox"/> Delete
NAME	JUSTI, NELLY	
STREET ADDRESS	300 NW 42 AVE #410	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMAS, CELIA	
STREET ADDRESS	300 NW 42 AVENUE #612	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, ENNIO	
STREET ADDRESS	300 NW 42ND AVE #610	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARRIETA, JESUS	
STREET ADDRESS	300 NW 42 AVE #801	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RUIX, CONSUELO	
STREET ADDRESS	300 N.W. 42 AVE.	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALERA, PRISCILLA	
STREET ADDRESS	200 NW 42 AVE # 809	
CITY-ST-ZIP	MIAMI, FL 33126	

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:

Priscilla Valera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 17, 2000

CR2E037 (9/99)