

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90013 008 ****61.25

DOCUMENT # **753327**

1. Entity Name
THE VILLAS OF AMBERWOOD CONDOMINIUM, INC.

Principal Place of Business Mailing Address
17250 NE 19th Ave. **17250 NE 19th Ave.**
North Miami Beach, Fl. **North Miami Beach, Fl.**
33162 **33162**

C0043493

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17250 NE 19th Ave. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2099483		Applied For <input type="checkbox"/> Not Applicable	
City & State North Miami Beach		City & State Fl. 33162		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent MJB MANAGEMENT SERVICES, INC. 17250 NE 19th Ave. North Miami Beach, Fl. 33162				7. Name and Address of New Registered Agent Name MJB MANAGEMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 17250 NE 19th Ave. MIAMI, FL. 33162 City FL Zip Code			
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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 **MARITZA BORONAT**

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	DP DONNA RODRIGUES	<input type="checkbox"/> Delete	Same	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	10056 NW 41 Street			NAME			
STREET ADDRESS	Miami, Fl. 33178			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	DT MARTINEZ, ANIBAL	<input type="checkbox"/> Delete	Same	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	10156 NW 41 Street			NAME			
STREET ADDRESS	Miami, Fl. 33178			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	DS DOMINGUEZ, JANE	<input type="checkbox"/> Delete	Same	TITLE	SD Dominguez, Jane	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	10108 NW 41 Street			NAME	10108 NW 41th St.		XXXXXXXX
STREET ADDRESS	MIAMI, FL. 33178			STREET ADDRESS	Miami, Fl. 33178		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	SD CEPERO, EVELYN	<input type="checkbox"/> Delete	XXXXXXXXXX	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	10102 SW Doral Blvd			NAME			
STREET ADDRESS	Miami, Fl 33178			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D AKERBLUM, BEVERLY	<input type="checkbox"/> Delete	XXXXXXXXXX	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	10038 Doral Blvd			NAME			
STREET ADDRESS	Miami, Fl. 33178			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)