

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

2. Principal Place of Business 3. Mailing Address
17250 NE 19th Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
North Miami Beach **Fl. 33162** **59-2099483** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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

Anibal Martinez
ANIBAL MARTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)