

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90314 046 ****70.00

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1. Entity Name
LOS JARDINES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**555 SW 16TH AVE.
MIAMI FL 33135**

Mailing Address

**555 SW 16TH AVE.
MIAMI FL 33135**

10014704



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

**LAGO, RAFAEL
555 SW 16TH AVE. APT 8
MIAMI FL 33135**

Name **CARLOS OMAR TORTAROLO**

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

555 SW 16 Ave. # 7

City **MIAMI**

FL

Zip Code **33135**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CARLOS OMAR TORTAROLO** *[Signature]* **01-24-03**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **LAGO, RAFAEL**
STREET ADDRESS **555 SW 16TH AVE. #8**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **PD.** ☐ Change ☒ Addition
NAME **MRS. ZUNILDA MENENDEZ**
STREET ADDRESS **555 SW 16 AV. # 10**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **VD** ☒ Delete
NAME **CASANOVA, FERNANDO**
STREET ADDRESS **555 SW 16TH AVE. #1**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **VD.** ☐ Change ☒ Addition
NAME **MR. JESUS MONTERO**
STREET ADDRESS **555 SW. 16 AVE # 13**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **TD** ☒ Delete
NAME **CARCANO, FRANCISCO A**
STREET ADDRESS **555 SW 16TH AVE.**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **MTD.** ☐ Change ☒ Addition
NAME **M. CARLOS TORTAROLO**
STREET ADDRESS **555 SW 16 Ave. # 7**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **MS. JANET ZOGLIN**
STREET ADDRESS **555 SW 16 AVE # 11**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **CARLOS OMAR TORTAROLO** *[Signature]* **01-24-03 (305) 649-4245**

CR2E037 (10/02)