

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0042596

DOCUMENT # N02901

1. Entity Name

BLEAU FONTAINE CONDOMINIUM ASSOCIATION NUMBER ON

04-30-2001 90044 036 ****61.25

Principal Place of Business

~~THE TIMBERLAKE GROUP
 5050 NW 74TH AVE
 MIAMI FL 33166~~

Mailing Address

~~THE TIMBERLAKE GROUP
 5050 NW 74TH AVE
 MIAMI FL 33166~~

752615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2/o GRS Mgmt of Broward
 Suite, Apt. #, etc.
4431 SW 64 AVE #113

3. Mailing Address *2/o GRS Mgmt*

Suite, Apt. #, etc.
4431 SW 64 AVE #113

City & State
DAVIE

City & State
DAVIE

4. FEI Number **59-2457712**

Applied For
 Not Applicable

Zip *33314* Country *USA*

Zip *33314* Country *USA*

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~DUGGER, ROBERT A
 5050 NW 74TH AVE
 MIAMI FL 33166~~

7. Name and Address of New Registered Agent

Name *GRS Management of Broward Inc*
 Street Address (P.O. Box Number Not Acceptable)
4431 SW 64 AVE #113
 City *DAVIE* FL Zip Code *33314*

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 *Maria E. Barreto* *MARIA E. BARRETO* *4/4/01*
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	PD HUMBERTO, FIGUERAS 9479 FONTAINEBLEAU BLVD #206 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIGUA, SERGIO 9441 FONTAINEBLEAU BLVD #111 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADALBERTO, RECIO 9447 FONTAINEBLEAU BLVD #213 MIAMI FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONT, ORLANDO 9441 FONTAINEBLEAU BLVD #201 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINGFIELD-BEATTY, LOWELL 9443 FONTAINEBLEAU BLVD #204 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLINA, ALVARO 9439 FONTAINEBLEAU BLVD #203 MIAMI FL 33172	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP/T/O SERGIO RIGUA 9441 FONTAINEBLEAU BLVD #111 MIAMI FL 33172</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD GUSTAVE STINFIL 9441 FONTAINEBLEAU BLVD #110 MIAMI FL 33172</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP/T/O ORLANDO FONT 9441 FONTAINEBLEAU BLVD #201 MIAMI FL 33172</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D FERNANDO ROSARIO 9443 FONTAINEBLEAU BLVD #213 MIAMI FL 33172</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Humberto Figueras* *4/19/01* *HUMBERTO FIGUERAS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)