

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90149 009 ****61.25

DOCUMENT # N02901

1. Entity Name

BLEAU FONTAINE CONDOMINIUM ASSOCIATION NUMBER ONE, INC.



Principal Place of Business

**C/O GRS MGMT OF BROWARD
4431 SW 64 AVE #113
DAVIE FL 33314**

Mailing Address

**C/O GRS MGMT OF BROWARD
4431 SW 64 AVE #113
DAVIE FL 33314**

2. Principal Place of Business

3. Mailing Address

7900 NW 155 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

City & State

City & State

Miami LAKES, Florida

Zip

Country

Zip

Country

33016

Dade

4. FEI Number **59-2457712**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PARISEE, BRIAN W
9130 SOUTH DADELAND BLVD.
DATRAN 11 SUITE 1511
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

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

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

SIGNATURE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUMBERTO, FIGUERAS	
STREET ADDRESS	9479 FONTAINEBLEAU BLVD #206	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	RIGUA, SERGIO	
STREET ADDRESS	9441 FONTAINEBLEAU BLVD #111	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STINFIL, GUSTAVE	
STREET ADDRESS	9441 FONTAINE BLEAU BLVD #110	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FONT, ORLANDO	
STREET ADDRESS	9441 FONTAINEBLEAU BLVD #201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINGFIELD-BEATTY, LOWELL	
STREET ADDRESS	9443 FONTAINEBLEAU BLVD #204	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSARIO, FERNANDO	
STREET ADDRESS	9443 FONTAINEBLEAU BLVD #213	
CITY-ST-ZIP	MIAMI FL 33172	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D ROZZA MAURO	
STREET ADDRESS	9445 FONTAINEBLEAU BLVD. # 202	
CITY-ST-ZIP	MIAMI, FLORIDA 33172	
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		

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]* **RECAPTURE REQUIRED**

[Signature]

CR2E037 (10/02)