

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

**Apr 02, 2002 8:00 am
Secretary of State**

02-25-2002 90101 028 ****61.25

DOCUMENT # N12723
1. Entity Name
LOS BELLOS JARDINES CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address
20401 N.W. 44 CT. 20401 N.W. 44 CT.
CORAL CITY FL 33055 CORAL CITY FL 33055
US

2. Principal Place of Business 3. Mailing Address
5843 W. 26 AVE **5843 W. 26 AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hialeah, FL **Hialeah, FL**
Zip Country Zip Country
33016 **DADE** **33016** **DADE**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent
SOTO, ISRAEL
20401 N.W. 44TH CT.
CORAL CITY FL 33055

7. Name and Address of New Registered Agent
Name **MIRIAM SUNOL**
Street Address (P.O. Box Number is Not Acceptable) **5843 W 26 AVE.**
HIALEAH
City **FL** Zip Code **33016**

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 *[Signature]* *[Signature]* **2/4/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

FILE NOW: FEE IS \$61.25

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTO, ISRAEL 20401 N.W. 44TH CT. CORAL CITY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Soto, Israel 20401 N.W. 44 CT CORAL CITY, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUNOL MIRIAM 5843 WEST 26TH AVENUE HIALEAH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUNOL MIRIAM 5843 WEST 26 AVE. HIALEAH, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARITZA NORIEGA 5851 W 26TH AVE HIALEAH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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

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]* **REINSTATED SUNOL** **2/4/02** **(205) 362-2899**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CPE037 (9/01)