2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13071 1. Entity Name					•.~	- 4.	ILED RY OF STATE	7" 1 •		
EL BOSQUE AT LITTLE HAVANA CONDOMINIUM ASSOCIATI				SELRETARY OF STATE						
Principal Place	e of Rusiness	Mailing Address				UI APR 30) AH II: 5	1		
2300 CORAL V SUITE 200 MIAMI FL 3314 US	NAY	2300 CORAL WAY SUITE 200 MIAMI FL 33145 US) 				 	
-	lace of Business	3. Mailing Address								
Suite, Apt.	Coral Way #, etc.	2300 Coral Wa Suite, Apt. #, etc.	У			DO NOT WRITI	E IN THIS SPACE	•		
Suite # 200 City & State		Suite # 200 City & State		4. FEI Number Applied For						
Miami, Florida		Miami, Florida				59-2761867	60.7		Applicable	
Zip 33145	Country US	Zip 33145	Country US		5. Certificate of S	Status Desired		5 Addi equired		
<u> </u>	6. Name and Address of Current F				7. Name and Ad	dress of New Re	egistered Agent			
				e						
FLORIDA ANNUAL REPORT SERVICES, INC.			Stree	et Address (I	P.O. Box Number is	Not Acceptable)			
2300 COF	RAL WAY					· · · ·				
#200 MIAMI FL 33145			City	City FL Zip Code						
8. The above	named entity submits this statement for	the purpose of changing its re	gistered offic	e or register	ed agent, or both, i	n the state of Flor	ida.			
	VALL III Many						,), -	1.	<i>/</i>	
		AMADA	CANTER	O	President	7///	70	/		
SIGNATURE	X P MUNUM	NOTE S				TODIACHE	DATE	/ -		
SIGNATURE	Signature, typed or printed name of registered agents	ad title if applicable. (NOTE: R	APADA Registered Agent si				DATE			
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SIGNATURE			legistered Agent si	gnature required \$5.0 Added	when reinstating) O May Se to Fees	Make Dep	partment of S	tate	<u> </u>	
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I nereby 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.

SGNATURE REQUIRED