

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

01-27-2000 90086 037 ****70.00

DOCUMENT # N20849

1. Entity Name

LE JARDIN COMMUNITY CENTER, INC.

Principal Place of Business

Mailing Address

**47 NORTH KROME AVENUE
 HOMESTEAD FL 33030
 US**

**47 NORTH KROME AVENUE
 HOMESTEAD FL 33030-6014
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2810036

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYNN, JOHN M
 48 NE 15 ST
 HOMESTEAD FL 33030**

Name **Brent Probinsky**

Street Address (P.O. Box Number is Not Acceptable)
633 NORTH KROME AVENUE

City **HOMESTEAD,**

FL

Zip Code **33030**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DT**
 STREET ADDRESS **WALKER, WILLIAM H JR**
 CITY-ST-ZIP **1550 N KROME AVE
 HOMESTEAD FL 33030**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP**
 STREET ADDRESS **SCHRAMM, THOMAS**
 CITY-ST-ZIP **47-NORTH KROME AVENUE
 HOMESTEAD FL 33030**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVP**
 STREET ADDRESS **WILLIAMS, TIM**
 CITY-ST-ZIP **47 NORTH KROME AVENUE
 HOMESTEAD FL 33030**

TITLE **DPP** Change Addition
 NAME **PAST PRESIDENT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **BERRONES, EDUARDO**
 CITY-ST-ZIP **47 N KROME AVE
 HOMESTEAD FL 33030**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** Change Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS **AUXIER, MARK**
 CITY-ST-ZIP **100 NE 6th AVE
 HOMESTEAD, FL 33030**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Change Addition
 NAME **SECRETARY**
 STREET ADDRESS **HASAN, NADIA**
 CITY-ST-ZIP **29862 SW 166th COURT
 HOMESTEAD, FL 33030**

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:

Eduardo Berrones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Case No. *305-225-729*