

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24085

1. Entity Name

DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 6

FILED
Aug 22, 2000 8:00 am
Secretary of State

05-15-2000 90188 028 ****61.25
 08-22-2000 90221 048 ****61.25

Principal Place of Business	Mailing Address
% GUARANTEE MANAGEMENT SERVICE 111 FONTAINEBLEAU MIAMI FL 33172 US	% GUARANTEE MANAGEMENT SERVICE 111 FONTAINEBLEAU BLVD MIAMI FL 33172 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
J & M Condo Management & Maintenance, Inc. 275 Fontainebleau Blvd., Suite 200 Miami, FL 33172	J & M Condo Management & Maintenance, Inc. 275 Fontainebleau Blvd., Suite 200 Miami, FL 33172
City & State	City & State
Miami, FL 33172	Miami, FL 33172
Zip	Country

4. FEI Number	Applied For
65-0052664	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

EISINGER, DENNIS
 19495 BISCAYNE BLVD.
 STE 606
 N. MIAMI BCH. FL 33180

7. Name and Address of New Registered Agent

Name: Nestor Alvarez
 Street Address (P.O. Box Number is Not Acceptable):
 3971 S.W. 8th #209
 City: CORAL GABLES FL Zip Code: 33134

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, 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
 After September 13, 2000 min. will be \$236.25

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 ESTRIPEAUT, JENNY 4630 NW 102 AVENUE 104 MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAUFMAN, BENLINDA 4630 NW 102ND AVE, SUITE 101 MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOLINA, CLAUDIA 4630 NW 102ND AVE, SUITE 203 MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GLADYS ROMERO PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4630 NW 102 AVE #207, MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEONARDO J. SALGUERO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4630 NW 102 AVE, APT #206 MIAMI, FL 33178 ASSISTANT TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK ALTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4630 NW 102 AVE #103 MIAMI FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Simone Pinheiro, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4630 NW 102nd Ave #201 Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARIA PINHEIRO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4630 NW 102 Ave #205 MIAMI, FL 33178
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 I am empowered.

SIGNATURE: *[Signature]* 8/15/00 (305) 355-8151
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)