

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N30335**
 1. Entity Name
VILLAS OF AMBERWOOD III CONDOMINIUM ASSOCIATION, INC.

FILED
00 DEC 15 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amended UBR

Principal Place of Business Mailing Address
 17250 NE 19th Ave 17250 NE 19th Ave
 North Miami Beach North Miami Beach
 Fl. 33162 Fl 33162

2. Principal Place of Business 3. Mailing Address
 17250 NE 19th Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 North Miami Beach Fl 33162

Zip Country Zip Country

4. FEI Number Applied For
FEI 65-0101591 Not Applicable

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

6. Name and Address of Current Registered Agent
MJB MANAGEMENT SERVICES, INC
 17250 NE 19th Ave
 North Miami Beach, Fl. 33162

7. Name and Address of New Registered Agent
 Name
MJB Management Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
17250 NE 19th Ave.
 North Miami Beach, Fl 33162
 City **8000035 FL 888-5**

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 *Maritza Boronat* **Maritza Boronat** 305-940-8795 11-8-00
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 Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Rowe Keith XXXXXXXX 9902 NW 41 St Miami, Fl. 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Franco Alejandra XXXXXXXX 9910 NW 41 St Miami, Fl. 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Manduley Ariel <input type="checkbox"/> Delete 9926 NW 41 St Miami, Fl. 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Garcia Maria <input type="checkbox"/> Delete 9936 NW 41 St Miami, Fl. 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Hernandez Frank <input type="checkbox"/> Delete 9918 NW 41 St. Miami, Fl. 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Vergara Olga <input type="checkbox"/> Delete 9900 NW 41 St Miami, Fl. 33178

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Manduley Ariel XXXXXXXX <input type="checkbox"/> Addition 9926 NW 41 St Miami, Fl. 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Miller Bruce <input type="checkbox"/> Change XXXXXXXX 10002 NW 41 St Miami, Fl. 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Yauuz Filiz <input type="checkbox"/> Change XXXXXXXX 9916 NW 41 St Miami, Fl. 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Hernandez Laura <input type="checkbox"/> Change XXXXXXXX 9918 NW 41 St Miami, Fl. 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Arquimbao Tony <input type="checkbox"/> Change XXXXXXXX 10008 NW 41 St. Miami, Fl. 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Perez Robert <input type="checkbox"/> Change XXXXXXXX 9908 NW 41 St. Miami, Fl. 33178

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 *Ariel Manduley* **Ariel Manduley** President 11-8-00 305- 940-8795
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (9/99)

KE