

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90007 046 ****61.25

00022555



DO NOT WRITE IN THIS SPACE

DOCUMENT # N30335

1. Entity Name
THE VILLAS OF AMBERWOOD III CONDOMINIUM ASSOCIAT

17250 NE 19 th Ave
 North Miami Beach
 FL 33162

2. Principal Place of Business
17250 NE 19th Ave

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
North Miami Beach FL 33162

4. FEI Number **65-0101591** Applied For
 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
 City North Miami Beach **FL** Zip **33162**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD ROWE, KEITH 9902 N.W. 41ST STREET MIAMI FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANCO, ALEJANDRA 9910 N.W. 41ST STREET MIAMI FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANDULEY, ARIEL 9926 N.W. 41ST STREET MIAMI FL 33178	<input type="checkbox"/> Add <input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARCIA, MARIA 9936 N.W. 41ST STREET MIAMI FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ, FRANK 9918 N.W. 41ST MIAMI FL 33178	<input type="checkbox"/> Add <input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VARGERA, OLGA 9900 N.W. 41ST STREET MIAMI FL 33178	<input type="checkbox"/> Add <input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Manduly Ariel 9926 NW 41 ST Miami, Fl. 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Miller Bruce 10002 NW 41 St Miami, Fl. 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Yauuz Filiz 9916 NW 41 St Miami, Fl. 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Hernandez Laura 9918 NW 41 St Miami, Fl. 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Arquibao Tony 10008 NW 41 St. Miami, Fl. 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Perez Robert 9908 NW 41 St. Miami, Fl. 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete

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 2-3-01 305-9408795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)