

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90130 035 ****61.25

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DOCUMENT # N30335

1. Entity Name
**THE VILLAS OF AMBERWOOD III CONDOMINIUM ASSOCIAT
ION, INC.**



Principal Place of Business
**17250 NE 19TH AVE
NORTH MIAMI BEACH FL 33162
US**

Mailing Address
**17250 NE 19TH AVE
NORTH MIAMI BEACH FL 33162
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MILLER, BRUCE 10002 NW 41 ST MIAMI FL 33178 <input type="checkbox"/> Delete	TITLE DD NAME STREET ADDRESS CITY-ST-ZIP	DD Garcia Maria <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YAUUZ, FILZ 9916 NW 41 ST MIAMI FL 33178 <input type="checkbox"/> Delete	TITLE DD NAME STREET ADDRESS CITY-ST-ZIP	DD Treptow Bruno <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FILIZ, YAUUZ 9916 NW 41 ST MIAMI FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENRIQUE, MARQUEZ 19924 N.W. 41 STREET MIAMI FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD PEREZ, ROBERT 9908 NW 41 ST MIAMI FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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: *[Signature]* **SIGNATURE REQUIRED** 4-28-03 305-940-8795