

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32580

1. Entity Name

FIRST ADDITION TO ALAMEDA JARDINS PUD HOMEOWNERS

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90086 042 ****70.00

Principal Place of Business	Mailing Address
15165 NW 77TH AVE SUITE 1002 MIAMI FL 33014 US	15165 NW 77TH AVE SUITE 1002 MIAMI FL 33014-7825 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number	Applied For
65-0268362	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS
 5200 BLUE LAGOON DRIVE
 SUITE 700
 MIAMI FL 33126

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.

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	PD	<input type="checkbox"/> Delete
NAME	PANDO, DOMINGO	
STREET ADDRESS	15165 NW 77TH AVE SUITE 1002	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MENENDEZ, JUAN	
STREET ADDRESS	15123 NW 87 PLACE	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PANDO, EMILIO	
STREET ADDRESS	15165 NW 77TH AVE SUITE 1002	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **REQUIRED** Date: 2.10.2000 Daytime Phone #: (705) 362.2900

CR2E037 (9/99)