

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90195 029 ****61.25

DOCUMENT # N50470

1. Entity Name
RO-MONT SOUTH CONDOMINIUM "N," INC.

Principal Place of Business

Mailing Address

20314 NE 2 AVE
 NORTH MIAMI BEACH FL 33179

20314 NE 2 AVE
 NORTH MIAMI BEACH FL 33179-2344

2. Principal Place of Business

3. Mailing Address

135 NE 202 TERRACE

135 NE 202 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL

City & State

N. MIAMI BEACH, FL

4. FEI Number

59-1499069

Applied For

Not Applicable

Zip

33179

Country

MIAMI-DADE

Zip

33179

Country

MIAMI-DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEGEL, BLANCHE
135 NE 202 TERR
N-28
N MIAMI BEACH FL 33179

Name **RO-MONT SOUTH EXECUTIVE COUNCIL, INC**

Street Address (P.O. Box Number is Not Acceptable)
20314 NE 2ND AVENUE

City **N. MIAMI BEACH**

FL

Zip Code **33179**

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 *Blanche Siegel* **BLANCHE SIEGEL**

4/6/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **FRANKLIN, KAY**
 STREET ADDRESS **135 NE 202 TERR**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **PD** Change Addition
 NAME **MANUELA HERNANDEZ**
 STREET ADDRESS **135 NE 202 TERR. N-27**
 CITY-ST-ZIP **N. MIAMI BEACH, FL 33179**

TITLE **DX** Delete
 NAME **SILLEE, SAM**
 STREET ADDRESS **135 NE 202 TERRACE N-6**
 CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **VD** Change Addition
 NAME **AMADOR HERNANDEZ**
 STREET ADDRESS **135 NE 202 TERR.**
 CITY-ST-ZIP **N. MIAMI BEACH, FL 33179**

TITLE **D** Delete
 NAME **DAVIS, SHIRLEY**
 STREET ADDRESS **135 NE 202 TERR N-7**
 CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SILLER, SAM**
 STREET ADDRESS **135 NE 202 TERRACE N-31**
 CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(f), 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: *Manuela Hernandez* **MANUELA HERNANDEZ** **4/6/00** **305 653-2664**

CR2E037 (9/99)