

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

0044002

05-18-2001 91597 045 ****61.25

DOCUMENT # N50470

1. Entity Name

RO-MONT SOUTH CONDOMINIUM "N," INC.

Principal Place of Business

Mailing Address

135 NE 202 TERRACE
 NORTH MIAMI BEACH FL 33179

135 NE 202 TERRACE
 NORTH MIAMI BEACH FL 33179

552455



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

59-1499069

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RO-MONT SOUTH EXECUTIVE COUNCIL
20314 NE 2ND AVENUE
N MIAMI BEACH FL 33179

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, KAY	NAME	
STREET ADDRESS	135 NE 202 TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, MANUGLA	NAME	
STREET ADDRESS	135 NE 202 TERRACE, N-27	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, SHIRLEY	NAME	
STREET ADDRESS	135 NE 202 TERR N-7	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILLER, SAM	NAME	
STREET ADDRESS	135 NE 202 TERRACE N-31	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, AMADOR	NAME	
STREET ADDRESS	135 NE 2ND 202 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Manuela Hernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 **(305) 653-2664**

CR2E037 (10/00)