

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90124 042 ****61.25

DOCUMENT # N50470

1. Entity Name

RO-MONT SOUTH CONDOMINIUM "N," INC.

Principal Place of Business

Mailing Address

55 NE 202 TERRACE
 NORTH MIAMI BEACH FL 33179

135 NE 202 TERRACE
 NORTH MIAMI BEACH FL 33179

00111000



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 _____

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: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **PD** Delete
 NAME: **HERNANDEZ, MANUGLA**
 STREET ADDRESS: **135 NE 202 TERRACE, N-27**
 CITY-ST-ZIP: **NORTH MIAMI BEACH FL 33179**

TITLE: **PD** Change Addition
 NAME: **MANUELA HERNANDEZ**
 STREET ADDRESS: **135 NE 202 TERR., N-27**
 CITY-ST-ZIP: **NORTH 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: **STD** Change Addition
 NAME: **DAVIS, SHIRLEY**
 STREET ADDRESS: **135 NE 202 TERR. N-7**
 CITY-ST-ZIP: **N MIAMI BEACH, FL 33179**

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

TITLE: **D** Change Addition
 NAME: **GEORGINA RAMOS**
 STREET ADDRESS: **135 NE 202 TERR**
 CITY-ST-ZIP: **N. MIAMI BEACH, FL**

TITLE: **VD** Delete
 NAME: **HERNANDEZ, AMADOR**
 STREET ADDRESS: **135 NE 2ND TERRACE**
 CITY-ST-ZIP: **NORTH MIAMI BEACH FL 33179**

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)(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* MANUELA HERNANDEZ
 DATE: *17-02* 17-02
 DAYTIME PHONE #: *305/653-2664* 305/653-2664

CR2E037 (9/01)