

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90079 045 ****61.25

0018724

DOCUMENT # N97000000402

1. Entity Name
PASEO REAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
17250 NE 19th Ave
North Miami Beach
FL 33162

Mailing Address
17250 NE 19th Ave
North Miami Beach
FL 33162



CHECK HERE IF MAKING CHANGES

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 **65-0072891**
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: *[Signature]* Agent **MARITZA BORONAT** **3-1-03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, SERAFIN 307 SOUTH 21ST AVENUE HOLLYWOOD FL 33020	XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT BIRDMAN, HARVEY 307 SOUTH 21ST AVENUE HOLLYWOOD FL 33020	XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HIRSCH, HERBERT 307 SOUTH 21ST AVENUE HOLLYWOOD FL 33020	<input type="checkbox"/> Delete XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Valdez Ricardo 6255 SW Kendale Lakes Circle # B126 Miami, FL 33183	<input type="checkbox"/> Change XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cohen Lloydell Jay 6235 SW Kendale Lakes Circle # C239 MIAMI, FL. 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gonzalez Luis 6215 SW Kendale Lakes Circle # E 269 Miami, FL 33183	<input type="checkbox"/> Change <input type="checkbox"/> Addition XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **3-1-03** **305-940-8795**

CR2E087 (10/02)