

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000004469**

1. Entity Name **LEJEUNE CONDOMINIUM ASSOCIATION, INC.**

LEJEUNE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90002 021 ****61.25

Principal Place of Business

Mailing Address

717 PONCE DE LEON BLVD. STE. 234
CORAL GABLES FL 33134

717 PONCE DE LEON BLVD. STE. 234
CORAL GABLES FL 33134-2070

2. Principal Place of Business

4241 N.W. 5 STREET

3. Mailing Address

4241 N.W. 5 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33126

City & State

MIAMI, FL 33126

4. FEI Number

65-0887030

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

FABRE, FRANK R
717 PONCE DE LEON BLVD. STE. 234
CORAL GABLES FL 33134

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	DPST	<input type="checkbox"/> Delete
NAME	MELENDEZ, RUFINO R	
STREET ADDRESS	13156 S.W. 15TH LANE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MELENDEZ, MIRELLA	
STREET ADDRESS	13156 S.W. 15TH LANE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	FABRE, FRANK R.S.	
STREET ADDRESS	717 PONCE DE LEON BLVD. STE. 234	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/2000

Date

Daytime Phone #

CR2E037 (9/99)