

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90096 043 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000005743

1. Entity Name  
~~BELEGA GARDENS CONDOMINIUM ASSOCIATION, INC.~~  
*The*

Principal Place of Business Mailing Address  
~~7912 NW 2ND ST.~~ ~~8160 GW 197 PL~~  
 MIAMI FL 33126 - 4041 MIAMI FL ~~33175-1080~~  
 US 33126-4041

2. Principal Place of Business 3. Mailing Address  
*8045 NW 7 Street, Office*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0827222** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
~~ZARETSKY, LOUIS D~~ *Angel Perez*  
~~555 NE 15TH ST., STE. 100~~ *8045 NW 7th Apt. 101*  
 MIAMI FL ~~33132~~ *33126-4041*

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:**  
**FEES 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> RABELINO, ENRIQUE 8045 NW 7 ST UNIT 411 MIAMI FL 33126 - 4041 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> MENDOZA, MARLENE 8045 NW. 7ST. UNIT 205 MIAMI FL 33126 - 4041 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> PEREZ, ANGEL 8045 NW. 7TH UNIT 101 MIAMI FL 33126 - 4041 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> GONZALEZ, PATRICIA 8050 NW 8ST. UNIT 411 MIAMI FL 33126 - 4041 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> KRISHANARIA, INDRAN 8050 NW 8 ST. UNIT 401 MIAMI FL 33126 - 4041 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Julio Gonzalez</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Apt. 110</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>305-262-2888</i> <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: *X* \_\_\_\_\_ DATE: *01-13-00*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)