
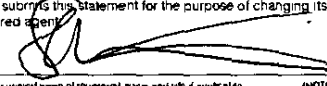
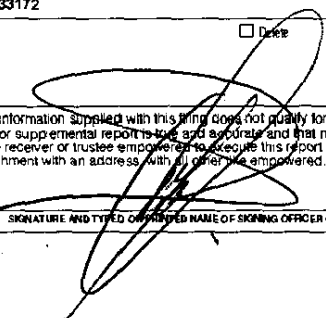


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|--|--|---|---|
| DOCUMENT # N9800006045 | | | |
| 1. Entry Name THE FOUNTAINS AT FONTAINEBLEAU CONDOMINIUM NO. ONE ASSOCIATION, INC. | |  | |
| Principal Place of Business 9310 FONTAINEBLEAU BLVD MIAMI, FL 33172 | | Mailing Address P.O. BOX 347494 CORAL GABLES, FL 33134-7454 | |
| 2. Principal Place of Business | | 3. Mailing Address 9330 Fontainebleau Blvd | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Miami, Florida | |
| Zip | Country | Zip | Country |
| 33172 | USA | 33172 | USA |
| 6. Name and Address of Current Registered Agent LACHTERMAN, STEVEN ESQ. 3001 PONCE DE LEON BLVD. #244 CORAL GABLES, FL 33134 | | 7. Name and Address of New Registered Agent Name Steven J. Lachterman, Esquire Address 848 Brickell Avenue Suite Suite 750 City Miami FL Zip Code 33131 | |
| 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  | | Steven J. Lachterman 06/19/03 | |
| Signature, typed or printed name of registered agent and title (if applicable) | | (NOTE: Registered Agent's signature required when necessary) DATE | |
| FILE NOW: FEE IS \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTIN, VIRGILIO | NAME | Virgilio Martin |
| STREET ADDRESS | 9310 FONTAINEBLEAU BLVD #206 | STREET ADDRESS | 9310 Fontainebleau Blvd. #603 |
| CITY-ST-ZIP | MIAMI, FL 33172 | CITY-ST-ZIP | Miami, Florida 33172 |
| TITLE | VPD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTH, CARMEN | NAME | |
| STREET ADDRESS | 9310 FONTAINEBLEAU BLVD. #304 | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33172 | CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ACOSTA, RODOLFO | NAME | |
| STREET ADDRESS | 9310 FONTAINEBLEAU BLVD. #207 | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33172 | CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTIN, TERESITA | NAME | |
| STREET ADDRESS | 9310 FONTAINEBLEAU BLVD. #302 | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33172 | CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DE LA ROSA, MARIBEL | NAME | Hope Castillo |
| STREET ADDRESS | 9310 FONTAINEBLEAU BLVD. #308 | STREET ADDRESS | 9310 Fontainebleau Blvd. #106 |
| CITY-ST-ZIP | MIAMI, FL 33172 | CITY-ST-ZIP | Miami, Florida 33172 |
| 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 reports 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 officers empowered. | | | |
| SIGNATURE:  | | Virgilio Martin 06/19/03 (605) 727-1411 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

CR2637 (10/02)