

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0027828

DOCUMENT # N99000000179

03-13-2002 90057 041 ****61.25

1. Entity Name

**EJEUNE COMMERCIAL CENTER CONDOMINIUM ASSOCIATIO
 INC.**

Principal Place of Business

Mailing Address

**C/O MIAMI MANAGEMENT, INC
 14275 SW 142 AVENUE
 MIAMI FL 33186**

**C/O MIAMI MANAGEMENT, INC
 14275 SW 142 AVENUE
 MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1014503

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TRIAI, CARLOS A
 999 PONCE DE LEON BLVD.
 SUITE 1110
 CORAL GABLES FL 33134~~

Name

Street Address (P.O. Box Number is Not Acceptable)

~~10370 NW 27 ST~~

Suite # 103

City Miami Fla

FL

Zip Code

33172

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	PD	<input type="checkbox"/> Delete
NAME	MCDADE, SHIRLEEN	
STREET ADDRESS	13091 N.W. 43RD AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WELLMAN, LYNDA	
STREET ADDRESS	13091 N.W. 43RD AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CASTELLANOS, HECTOR N	
STREET ADDRESS	13091 NW 43RD AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Shirleen McDade* Shirleen McDade 2/12/02 305/3780130
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)