

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91044 016 ****61.25

DOCUMENT # N990000000179
1. Entity Name
LEJEUNE COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
MIAMI MANAGEMENT, INC.
Suite, Apt. #, etc.

3. Mailing Address
14275 SW 142 AVENUE
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

Zip Country
33186 DADE

DO NOT WRITE IN THIS SPACE

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**

7. Name and Address of Current Registered Agent

Name
TRIAY, CARLOS A. ESQ.

Street Address (P.O. Box Number is Not Acceptable)
10570 NW 27 STREET, SUITE 103

City
MIAMI 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 _____

**FEE IS \$61.25
Initial or Amended UBR**

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 | PD CASTELLANOS, HECTOR 13091 NW 43 AVENUE, #A9 OPA LOCKA FLORIDA 33054 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WELLMAN, LYNDIA 13091 NW 43 AVENUE, #A3 OPA LOCKA FLORIDA 33054 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SCHEVARTZ, PETULIA 13091 NW 43 AVENUE OPA LOCKA FLORIDA 33054 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Hector N. Castellanos</i> President |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>T. P. [Signature]</i> SECRETARY |

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Hector N. Castellanos* **Hector N. Castellanos** 04-26-04 305-970-7642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *President* Date Daytime Phone #

CR2E037B (12/01)