

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90033 024 ****61.25

DOCUMENT # N99000003752

1. Entity Name

LAS BRISAS AT DORAL CONDOMINIUM NO. 8 ASSOCIATIO

Principal Place of Business

7200 N.W. 7TH ST., STE. 300
 MIAMI FL 33126

Mailing Address

7200 N.W. 7TH ST., STE. 300
 MIAMI FL 33126-2941

2. Principal Place of Business

3. Mailing Address

14275 SW 142 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

4. FEI Number

65-0934927

Applied For

Not Applicable

Zip

Country

Zip

Country

33186

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

LEOPOLD, NORMAN
 20801 BISCAYNE BLVD., STE. 501
 AVENTURA FL 33180

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	DPT	<input type="checkbox"/> Delete
NAME	STIEGELE, ROBERT	
STREET ADDRESS	7200 N.W. 7TH ST., STE. 300	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RABIN, MICHAEL	
STREET ADDRESS	7200 N.W. 7TH ST., STE. 300	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RAMOS, LISA	
STREET ADDRESS	7200 N.W. 7TH ST., STE. 300	
CITY-ST-ZIP	MIAMI FL 33126	
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

2-14-00

Date

Daytime Phone #

CR2E037 (9/99)