

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713935

1. Entity Name

PALM SPRINGS GARDENS BUILDING ONE CONDOMINIUM AS

Principal Place of Business

110 ROYAL PALM RD.
HIALEAH FL 33016

Mailing Address

2011 W 62 ST
HIALEAH FL 33016
US

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

59-1321024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, HENRY
2011 W 62 ST
HIALEAH FL 33016

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

HENRY HERNANDEZ, ADM. Henry Hernandez 3/15/01
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 NAME SD
GONZALEZ, ROGELIO ☒ Delete
STREET ADDRESS 110 ROYAL PALM ROAD #110
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE NAME SD MONTALVO, CANDIDO ☐ Change ☒ Addition
STREET ADDRESS 110 Royal Palm Rd. #208
CITY-ST-ZIP Hialeah Gardens, Fl. 33016

TITLE NAME TD
GARCIA, CARIDAD ☒ Delete
STREET ADDRESS 110 ROYAL PALM ROAD #308
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE NAME TD BELEN, GLORIA ☐ Change ☒ Addition
STREET ADDRESS 110 Royal Palm Rd. #104
CITY-ST-ZIP Hialeah Gardens, Fl. 33016

TITLE NAME PD
REGALADO, EMILIO ☒ Delete
STREET ADDRESS 110 ROYAL PALM ROAD #217
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE NAME PD GARCIA, CARIDAD ☐ Change ☒ Addition
STREET ADDRESS 110 Royal Palm Rd. #308
CITY-ST-ZIP Hialeah Gardens, Fl. 33016

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Caridad Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01

(305) 558-9820

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90075 024 ****70.00

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DO NOT WRITE IN THIS SPACE