

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90083 001 *****61.25

0040283

DOCUMENT # 724252

1. Entity Name

VALENCIA TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**6825 WEST FLAGLER STREET
 MIAMI FL 33144-2830
 US**

**6825 WEST FLAGLER STREET
 MIAMI FL 33144-2830
 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

59-1432062

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

ANGUITA, SILVIA

**6825 W. FLAGLER STREET, APT. 108
 MIAMI FL 33144**

Name **Silvia Anguita**

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

6825 West Flagler Street, Apt. 108

City **MIAMI**

FL 33144

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 ☐ Delete
 NAME **TD**
 STREET ADDRESS **ANGUITA, SILVIA**
 CITY-ST-ZIP **6825 W FLAGLER #108
 MIAMI FL 33144**

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **ANGUITA, SILVIA**
 CITY-ST-ZIP **6825 W. FLAGLER ST., APT. 108
 MIAMI FL 33144**

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **HERNANDEZ, ISMAEL**
 CITY-ST-ZIP **6825 W FLAGLER ST, SUITE 405
 MIAMI FL 33144**

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

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **GALVEZ, SANTIAGO**
 CITY-ST-ZIP **6825 W FLAGLER ST, SUITE 406
 MIAMI FL 33144**

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

TITLE ☐ Delete
 NAME **VS**
 STREET ADDRESS **DE VILLIERS, EDITH**
 CITY-ST-ZIP **6825 W. FLAGLER ST. APT. 406
 MIAMI FL 33144**

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

TITLE ☐ Delete
 NAME **VT**
 STREET ADDRESS **GALVEZ, LUISA**
 CITY-ST-ZIP **6825 WEST FLAGLER STREET #406
 MIAMI FL 33144-2830**

TITLE ☐ Change ☐ 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: (Silvia Anguita) REQUIRED *Silvia Anguita* 3-5-01 305-261-7081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)