

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90029 043 \*\*\*\*61.25

**DOCUMENT # 724252**

1. Entity Name

**VALENCIA TERRACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-1432062**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	ANGUITA, SILVIA	
STREET ADDRESS	6825 W FLAGLER #108	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE	SD	<input type="checkbox"/> Delete
NAME	ANGUITA, SILVIA	
STREET ADDRESS	6825 W. FLAGLER ST., APT. 108	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ISMAEL	
STREET ADDRESS	6825 W FLAGLER ST, SUITE 405	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GALVEZ, SANTIAGO	
STREET ADDRESS	6825 W FLAGLER ST, SUITE 406	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	DE VILLIERS, EDITH	
STREET ADDRESS	6825 W. FLAGLER ST. APT. 406	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE	VT	<input type="checkbox"/> Delete
NAME	GALVEZ, LUISA	
STREET ADDRESS	6825 WEST FLAGLER STREET #406	
CITY-ST-ZIP	MIAMI FL 33144-2830	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARADELA, Ramon	
STREET ADDRESS	6825 W. Flagler St. Apt. 310	
CITY-ST-ZIP	Miami, FL 33144	

TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gutierrez, Marisa	
STREET ADDRESS	6825 W. Flagler St. Apt. 303	
CITY-ST-ZIP	Miami, FL 33144	

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: (Silvia Anguita) REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Silvia Anguita* 2-20-02 305 261 7081

CR2E037 (9/01)