2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727315 1. Entity Name

Apr 20, 2001 8:00 am E Secretary of State

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WESTLAND GAR	IDENS EAST C	ONDOMINION ASSOCIA	IIIUN, I	
Principal Place of Business		Mailing Address		
1855 WEST 62ND STREET APT. #328 HIALEAH FL 33012 US		PO BOX 126965 HIALEAH FL 33012 US		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		City & State	City & State	
Zip	Country	Zip	Country	

DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1610011 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PASCUAL, MARIA DEL C 1855 W. 62 ST **APT #328** Zip Code HIALEAH FL 33012 FL 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE GALAN LORA Change ☐ Addition ☐ Delete ALAN, LORA NAME NAME 1855 W625T # 332 13690 S.W. 55 LANE STREET ADDRESS STREET ADDRESS HIALEAH FI. 330/2 CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PASCUAL, MARIA DEL C NAME NAME 1855 W. 62 ST. APT #328 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP TITLE Change 🔀 ☐ Addition Delete NURYS BARRERA 1855W. 42 STREET # 117 MURY, BARBARA (BARRERA) NAME NAME 1855 W 62ND STREET, #295 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP HIALEAH FL WIALEAH Fla. 33012 DILE Delete TITLE Change ☐ Addition ALVAREZ, WALTER O OTTO LOSA 16354 N-W. 87 PL. NAME NAME STREET ADDRESS 1855 W. 62 ST. APT #112 STREET ADDRESS CITY-ST-7IP HIALEAH FL 33012 CITY-ST-ZIP MIAMI FIR. 33018 TITLE ☐ Delete TITLE ☐ Change Addition RUIZ, ISRAEL NAME NAME STREET ADDRESS 1855 W 62 STREET #123 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RENE, REGUERA NAME NAME 1855 WEST 62ND ST #328 # 10 4 STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 trustate 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

(TREASURER) 4/10/2001 305-820-0176