

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90022 040 \*\*\*150.00

**DOCUMENT # 733364**

1. Entity Name

**4011 PROFESSIONAL CENTER CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

**%CENTRUST REALTY, INC**  
**4011 W FLAGLER ST. SUITE 404**  
**MIAMI FL 33134**  
**US**

**%CENTRUST REALTY INC**  
**4011 W FLAGLER ST STE 404**  
**MIAMI FL 33134-1643**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1652669**

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

**VELASCO, ROLANDO**  
**4011 W FLAGLER ST**  
**404**  
**MIAMI FL 33134**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>						
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	<b>VALENCIA, NELLY</b>	<b>4011 W FLAGLER ST 203</b>	<b>MIAMI FL</b>				
	<b>TD</b>				<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete						
	<b>REYES, ORLANDO E.</b>	<b>4011 W FLAGLER ST. #504</b>	<b>MIAMI FL</b>				
	<b>D</b>				<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete						
	<b>VELASCO, ROLANDO</b>	<b>4011 W FLAGLER ST #404</b>	<b>MIAMI FL</b>				
	<b>VPD</b>				<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete						
	<b>BATAINEH, YASSER T</b>	<b>4011 W FLAGLER ST #205</b>	<b>MIAMI FL</b>				
	<b>D</b>				<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete						
	<b>ARMADA, JORGE</b>	<b>4011 W FLAGLER ST 505</b>	<b>MIAMI FL</b>				
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition	

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**

*March 16, 2000 305 642 3401*