

2000 UNIFORM BUSINESS REPORT (UBR)

Amended

FILED

01 JUL 18 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

744358

1. Entity Name

West Lake Village II Condominium Association Inc

Principal Place of Business

Mailing Address

*CLC SPM Group Inc
2500 NW 97 AVE
#200
MIAMI, FL 33172*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1930659

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*SPM Group Inc
2500 NW 97 AVE #200
MIAMI, FL 33172*

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

7/11/01

**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 **PRESIDENT - PD**
STREET ADDRESS **MERCY STIEFEL**
CITY-ST-ZIP **400 W. PARK DRIVE # 206**
MIAMI, FL 33172

TITLE ☐ Change ☐ Addition
NAME **500004527285--8**
STREET ADDRESS **-08/09/01--01061--007**
CITY-ST-ZIP *******61.25 *****61.25**

TITLE ☐ Delete
NAME **VICE PRESIDENT - VP**
STREET ADDRESS **JORGE LUIS ROIG**
CITY-ST-ZIP **440 W. PARK DRIVE #101**
MIAMI, FL 33172

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

TITLE ☐ Delete
NAME **TREASURER - TD**
STREET ADDRESS **LILLIAN YILORIO**
CITY-ST-ZIP **410 W. PARK DRIVE #102**
MIAMI, FLA 33172

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

TITLE ☐ Delete
NAME **SECRETARY - SD**
STREET ADDRESS **ROBERTO CASTALLON**
CITY-ST-ZIP **440 W. PARK DRIVE # 203**
MIAMI, FL 33172

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

TITLE ☐ Delete
NAME **DIRECTOR**
STREET ADDRESS **ERNESTO VILLADAMIGO**
CITY-ST-ZIP **530 W. PARK DRIVE # 202**
MIAMI, FL 33172

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

CR2E037 (9/99)

5/15/01