

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90161 005 ****61.25

DOCUMENT # 744358

1. Entity Name

WEST LAKE VILLAGE II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% SPM GROUP, INC.
2500 N.W. 97TH AVENUE #200
MIAMI FL 33172% SPM GROUP, INC.
2500 N.W. 97TH AVENUE #200
MIAMI FL 33172

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

59-1930659

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

SPM GROUP, INC.
2500 N.W. 97TH AVENUE, #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

FILE NOW: FEE IS \$61.259. 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	PD	☐ Delete
NAME	STIEFEL, MERCY	
STREET ADDRESS	400 W. PARK DRIVE, #206	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VP	☐ Delete
NAME	ROIQ, JORGE LUIS	
STREET ADDRESS	440 W. PARK DRIVE, #101	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	TD	☐ Delete
NAME	VILORIO, LILLIAN	
STREET ADDRESS	310 W. PARK DRIVE, #102	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SD	☐ Delete
NAME	CASTELLON, ROBERTO	
STREET ADDRESS	490 W. PARK DRIVE, #203	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	☐ Delete
NAME	VILLADAMIQO, ERNESTO	
STREET ADDRESS	530 W. PARK DRIVE, #202	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)