

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 752207**

1. Entity Name

L'ESPLANE ON KEY BISCAYNE CONDOMINIUM ASSOCIAT**FILED**
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90124 029 ****61.25

Principal Place of Business

Mailing Address

**971 CRANDON BLVD
KEY BISCAYNE FL 33149****C/O POFFENBARGER REALTY
959 CRANDON BLVD.
KEY BISCAYNE FL 33149-2752**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2003937

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**POFFENBARGER, MARK A
959 CRANDON BLVD.
KEY BISCAYNE FL 33149**

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	PD	☐ Delete
NAME	CERNA, JUAN	
STREET ADDRESS	971 CRANDON BLVD.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	

TITLE	D	☐ Delete
NAME	CERNA, ALEX	
STREET ADDRESS	971 CRANDON BLVD.	
CITY-ST-ZIP	KEY BISCAYNE FL	

TITLE	D	☐ Delete
NAME	ROJAS, RAFAEL	
STREET ADDRESS	971 CRANDON BLVD.	
CITY-ST-ZIP	KEY BISCAYNE FL	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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:

JOSE ANTONIO REQUIJAS CERNA

Date

2/4/00

Daytime Phone #

(305) 361-2755

CR2E037 (9/99)