

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90099 021 ****61.25

DOCUMENT # 753717

1. Entity Name

FOX CHASE CONDOMINIUM NO. 2 ASSOCIATION, INC.

Principal Place of Business

**8605 N.W. 8TH STREET
 MIAMI FL 33126**

Mailing Address

**8605 N.W. 8TH STREET
 MIAMI FL 33126**

C0006380



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 **59-2022077**

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

**PANETTA, VINCENT
 8625 NW 8 STREET
 #416
 MIAMI FL 33126**

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

TITLE **PD** ☒ Delete
 NAME **PATRICIO, VALLEJOS**
 STREET ADDRESS **8625 NW 8 ST #406**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **STD** ☐ Delete
 NAME **PANETTA, VINCENT**
 STREET ADDRESS **8625 NW 8TH ST #416**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VPD** ☐ Delete
 NAME **MUNOZ, ANA**
 STREET ADDRESS **8625 NW 8TH ST #118**
 CITY-ST-ZIP **MIAMI FL 33126**

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 **PD** ☒ Change ☐ Addition
 NAME **PANETTA, VINCENT**
 STREET ADDRESS **8625 NW 8th ST #416**
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **STD** ☐ Change ☒ Addition
 NAME **Gilberto Sanchez**
 STREET ADDRESS **8625 NW 8th ST #305**
 CITY-ST-ZIP **MIAMI, FL 33126**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

(305) 264-3044

Daytime Phone #

0037799

CR2E037 (10/00)