2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2000 8:00 am Secretary of State DOCUMENT # **754189** 1. Entity Name BOUGAIN-VILLA OF BAY HARBOR ISLANDS CONDOMINIUM 04-22-2000 90040 022 ****61.25 Mailing Address Principal Place of Business 1075 98TH STREET 1075 98TH STREET BAY HARBOR ISLANDS FL 33154-1706 BAY HARBOR ISLANDS FL 33154 US 2. Principal Place of Business 3. Mailing Address 1065 1013 1075 98 Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2192662 Not Applicable \$8.75 Additional Zip Country Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ZAMBRANO, GUSTAVO **1075 98TH STREET BAY HARBOR ISLANDS FL 33154** Zip Code City FL 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. 9. Election Campaign Financing, \$5.00 May Be Make Check Payable to_ EILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE ☐ Delete TITLE MAME NAME DEZA, GUILLERMO STREET ADDRESS STREET ADDRESS 1065 98TH STREET, APT 6 CITY-ST-ZIP CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154 ☐ Addition ☐ Change ☐ Delete TITLE ZAMBRANO, GUSTAVO NAME NAME STREET ADDRESS STREET ADDRESS 1075 98TH ST CITY-ST-ZIP CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154 🔀 Change ☐ Addition ☐ Delete TITLE NAME ALVARO, ARENAS STREET ADDRESS STREET ADDRESS 1065 98 ST. APT #3 CITY-ST-ZIP BAY HARBORISLAND CITY-ST-ZIF BAY HARDOR ISLAND FL 33154 Addition Delete TITLE ☐ Change TITLE LAGARI, ISAAC NAME NAME ALAVEZ, MARILYN 1065 98 STIZEET APT 4 STREET ADDRESS STREET ADDRESS 1065 98 STREET APT. 9 CITY-ST-ZIP BAY HARBOR ISLAND CITY-ST-ZIF **BAY HARBOR ISLAND FL 33154** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CHATURE AND TYPED OF PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

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