

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **754450**

1. Entity Name

INTERNATIONAL LAKE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90201 001 ****61.25

Principal Place of Business 1717 NORTH BAYSHORE DRIVE SUITE 103 MIAMI FL 33132 US	Mailing Address 1717 NORTH BAYSHORE DRIVE SUITE 103 MIAMI FL 33132-1196 US
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DO NOT WRITE IN THIS SPACE

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 59-2430087	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAZ, DALINE A
1717 N BAYSHORE DRIVE
SUITE 103
MIAMI FL 33132

7. Name and Address of New Registered Agent

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 _____ (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 TS TRASNER	<input type="checkbox"/> Delete
NAME BRITO, ALBERTO	
STREET ADDRESS 12257 SW 24 TERR	
CITY-ST-ZIP MIAMI FL 33175	
TITLE VPD	<input checked="" type="checkbox"/> Delete
NAME PICO, FRANCISCO	
STREET ADDRESS 12219 SW 24 TERR	
CITY-ST-ZIP MIAMI FL 33175	
TITLE PD PD	<input type="checkbox"/> Delete
NAME SUAREZ, AMAURI	
STREET ADDRESS 2200 SW-122 AVE	
CITY-ST-ZIP MIAMI FL 33175	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME HAN, EMILIO	
STREET ADDRESS 12221 SW 24 TERR	
CITY-ST-ZIP MIAMI FL 33175	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME SANGUILY, GUILLERMO	
STREET ADDRESS 12203 SW 24 TERR	
CITY-ST-ZIP MIAMI FL 33175	
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VPD ENRIQUE BALDOQUIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 12249 S.W. 24 TERR	
CITY-ST-ZIP MIAMI FL 33175	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARY FERNANDEZ	
STREET ADDRESS 12213 S.W. 24 TERR	
CITY-ST-ZIP MIAMI FL 33175	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLGAPERRRZ	
STREET ADDRESS 12211 S.W. 24 TERR	
CITY-ST-ZIP MIAMI FL 33175	
TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARTHA FERNANDEZ	
STREET ADDRESS 12215 S.W. 24 TERR	
CITY-ST-ZIP MIAMI FL 33175	

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 3-18-2000 (305) 371-5999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)