

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/6/

**FILED**

**May 17, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90009 039 \*\*\*\*61.25

**DOCUMENT # 755340**

1. Entity Name

**MIDWAY VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

8415 NW 7 ST  
MIAMI FL 33126  
US

Mailing Address

400 SW 107TH AVE  
SUITE 312  
MIAMI FL 33174-8400  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2285182**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MORENO, ONEIDA  
400 SW 107TH AVE  
SUITE 312  
MIAMI FL 33174**

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

*Oneida Moreno*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*2/28/2000*

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD ☐ Delete  
**CERVANTES, RUBEN  
8415 NW 7 ST  
MIAMI FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD ☒ Delete  
**COLLADO, MIGUEL  
8416 NW 8 ST  
MIAMI FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD ☒ Delete  
**CAHUANA, ADRIAN  
8427 NW 7 ST  
MIAMI FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD ☒ Delete  
**MEJIA, CAMILO  
8413 NW 7 ST  
MIAMI FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☒ Delete  
**ANGEL, ARMANDO  
8402 NW 8 ST  
MIAMI FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☒ Delete  
**MOLLER, ANDRES  
8441 NW 7 ST  
MIAMI FL 33126**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TRESURER / Director  
COLLADO MIGUEL  
8416 N.W. 8th St.  
Miami, FL 33126** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SECRETARY / Director  
ANGEL ARMANDO  
8402 N.W. 8th St.  
Miami, FL 33126** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: X

*Miguel Collado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/28/2000 (305) 220-5684*  
Date Daytime Phone #

CFE037 (9/99)