AMENDED

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-07-2003 90136.017 ****61.25
755658

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90140625

DOCUMENT # 755658

1. Entity Name
Horizon's West # 2. Condominium

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
H.W. #2 c/o Joenso	H.W. #2 c/o Joenso
Suite, Apt. #, etc. 13000 S.W. 133Ct	Suite, Apt. #, etc. 13000 S.W. 133Ct.
City & State Miami, FL.	City & State Miami, FL.
Zip 33186 Country USA	Zip 33186 Country USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2066759 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joe Sordia

Street Address (P.O. Box Number is Not Acceptable): 13000 S.W. 133 court

City: miami FL Zip Code: 33186

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

FEE IS $61.25 Initial or Amended UBR

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 Estrada, Silvia 13000 S.W. 133Ct Miami, FL. 33186.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD Rodriguez, Emma 13000 S.W. 133Ct Miami, FL. 33186.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Espinosa, Juan Luis 13000 S.W. 133Ct Miami, FL. 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Coralio, Cristina 13000 S.W. 133Ct Miami, FL. 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Yasahi, Giordana 13000 S.W. 133Ct Miami, FL. 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Silvia Estrada 6/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #