

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90010 001 \*\*\*\*61.25

**DOCUMENT # 757813**

1. Entity Name

**EL LAGO N.W. 7TH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**%VILAR PROPERTY  
 305 ALCAZAR AVE.  
 CORAL GABLES FL 33134**

**%VILAR PROPERTY  
 305 ALCAZAR AVE.  
 CORAL GABLES FL 33134-4314**



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

**22-2368962**

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

**VILAR PROPERTY MANAGEMENT  
 305 ALCAZAR AVE.  
 CORAL GABLES FL 33134**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, ALEXIS</b>	
STREET ADDRESS	<b>5505 NW 7TH STE. W 401</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<del>SD</del>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, HUGO</b>	
STREET ADDRESS	<b>5505 NW 7 ST APT W-115</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<del>SD</del>	<input type="checkbox"/> Delete
NAME	<del>GARDINAS, PEDRO</del>	
STREET ADDRESS	<del>5501 NW 7TH ST</del>	
CITY-ST-ZIP	<del>MIAMI FL 33126</del>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, REINALDO</b>	
STREET ADDRESS	<b>5501 NW 7ST APT E-315</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<del>SD</del>	<input type="checkbox"/> Delete
NAME	<del>CARLOS VILLAMARIN</del>	
STREET ADDRESS	<del>5501 NW 7 ST APT E-208</del>	
CITY-ST-ZIP	<del>MIAMI FL 33126</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VP D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Alexis Martinez</b>	
STREET ADDRESS	<b>5505 NW 7th Apt W-401</b>	
CITY-ST-ZIP	<b>MIAMI, FLA 33126</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hugo Martinez</b>	
STREET ADDRESS	<b>5505 NW 7th Apt W-115</b>	
CITY-ST-ZIP	<b>MIAMI, FLA 33126</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Helen Cruz</b>	
STREET ADDRESS	<b>5505 NW 7th W-315</b>	
CITY-ST-ZIP	<b>MIAMI, FLA 33126</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Reynaldo Hernandez</b>	
STREET ADDRESS	<b>5501 NW 7th Apt E-315</b>	
CITY-ST-ZIP	<b>MIAMI, FLA 33126</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

**3/3/00 305-447-9091**

CR2E037 (9/99)