

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

0002125

DOCUMENT # 757813

1. Entity Name

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

04-11-2001 90044 041 ****61.25

Principal Place of Business

Mailing Address

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

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

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	WFO	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, ALEXIS	
STREET ADDRESS	5505 NW 7TH STE. W 401	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTINEZ, HUGO	
STREET ADDRESS	5505 NW 7 ST. APT. W-115	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRUZ, HELEN	
STREET ADDRESS	5505 NW 7ST APT-315	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, REINALDO	
STREET ADDRESS	5501 NW 7ST APT E-315	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CARLOS VILLAMARIN	
STREET ADDRESS	5501 NW 7 ST APT E-208	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, ALCIA	
STREET ADDRESS	5505 NW 7th St. Apt W-401	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, Emilia	
STREET ADDRESS	5501 NW 7th - E201	
CITY-ST-ZIP	MIAMI, FL 33126	
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:

[Handwritten Signature] **3/1/01 305-447-9080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)