

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90108 039 ****61.25

DOCUMENT # 757813

1. Entity Name

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

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

22-2368962

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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	DVP	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, ALICIA	
STREET ADDRESS	5505 NW 7TH ST E W-401	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VP D	<input type="checkbox"/> Delete
NAME	MARTINEZ, HUGO	
STREET ADDRESS	5505 NW 7 ST APT W-115	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, HELEN	
STREET ADDRESS	5505 NW 7ST APT E-315	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, REINALDO	
STREET ADDRESS	5501 NW 7ST APT E-315	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, EMILIO	
STREET ADDRESS	5501 NW 7TH ST E-201	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SARDINA, PEDRO, PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5501 NW 7ST - E-311	
STREET ADDRESS	MIAMI, FLORIDA 33126	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MARTINEZ, ALEXIS D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5505 NW 7ST, W-401	
STREET ADDRESS	MIAMI, FL 33126	
CITY-ST-ZIP		
TITLE	CRUZ, JORGE LUIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5501 NW 7ST # 303	
STREET ADDRESS	MIAMI, FLA 33126	
CITY-ST-ZIP		
TITLE	VALDEZ, DAISY SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3530 SW 104 Ave	
STREET ADDRESS	MIAMI, FLA 33126	
CITY-ST-ZIP		
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 attached, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

2-13-02 305
 447-9091

CR2E037 (9/01)