

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90116 045 ****61.25

DOCUMENT # 761056

1. Entity Name

ALHAMBRA ONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1451 HAMMOND DR
MIAMI SPRINGS FL 33166-0232**

**1451 HAMMOND DR
MIAMI SPRINGS FL 33166-0232**

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

65-0214644

Applied For

☒ Not Applicable

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

**SAKHNOVSKY, NICHOLAS A.
1451 HAMMOND DR
MIAMI SPRINGS FL 33166-0232**

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 NAME STREET ADDRESS CITY - ST - ZIP	PD SAKHNOVSKY, A.A. 1451 HAMMOND DR MIAMI SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SAKHNOVSKY, O R 1451 HAMMOND DR MIAMI SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV VELAZQUEZ, A.M. 1701 W. 80TH ST. HIALEAH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORBE, O 1645 W 42 ST APT 1 HIALEAH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORBE, I 1645 W 42 ST APT 1 HIALEAH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)