

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762202

1. Entity Name

HIALEAH COMMERCE PLAZA CONDOMINIUM ASSOCIATION,

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90044 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1651 W 37 ST  
HIALEAH FL 33012  
US

UNLIMITED MANAGEMENT SERVICES INC  
P.O. BOX 440067  
MIAMI FL 33144-0067  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2402009

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

HERNANDEZ, LUIS

~~940 SW 87 AVE~~

UNLIMITED MGMT. SERVICES, INC.

MIAMI FL 33174

Name

Street Address (P.O. Box Number is Not Acceptable)

UNLIMITED MGMT Services

937 A SW 87 AVE

City

MIAMI

FL

Zip Code

33174

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

Feb 29, 00

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 PD ☐ Delete  
NAME PRUNA, LAURA  
STREET ADDRESS 2525 SW 3 AVE STE 205  
CITY-ST-ZIP MIAMI FL 57

TITLE SD ☒ Delete  
NAME VALLE, MANUEL J  
STREET ADDRESS 16283 SEGOVIA CIR  
CITY-ST-ZIP PEMBROKE PINES FL 33331

TITLE TD ☐ Delete  
NAME PINON, LIDYA  
STREET ADDRESS 9311 NW 121 TERRACE  
CITY-ST-ZIP MIAMI FL 33016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE SD ☒ Change ☐ Addition  
NAME Ivon Rodriguez  
STREET ADDRESS 1651 W 37 ST # 300  
CITY-ST-ZIP Hialeah FL 33012

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

TITLE VP ☐ Change ☒ Addition  
NAME ANGEL MIRANDA  
STREET ADDRESS 1651 W 37 ST # 404  
CITY-ST-ZIP Hialeah FL 33012

TITLE ☐ Change ☒ Addition  
NAME Victor Garcia  
STREET ADDRESS 1651 W 37 ST # 306  
CITY-ST-ZIP Hialeah FL 33012

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-01-00

Date

Daytime Phone #

(305) 266-8084

CR2E037 (9/99)