

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767070

1. Entity Name

EXPO TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2290/95 WEST 53 PLCE
HIALEAH FL 33016

Mailing Address

C/O AMERICA F & G MNGT
2011 W 62 STREET
HIALEAH FL 33016
US

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

59-2674951

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

HERNANDEZ, HENRY
2011 WEST 62 ST
HIALEAH FL 33016

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
TD
GOMEZ, JORGE
2290 WEST 54 PLACE #210
HIALEAH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VILLAGRA, MARVIN
2295 WEST 53 PLACE # 101
HIALEAH, FL. 33016 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CALVO, JOSE J
2295 W 53 PL #204
HIALEAH FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
VILLAGRA, MARVIN
2295 WEST 53 PLACE
HIALEAH FL 33016 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RODRIGUEZ, LEONARDO
2290 WEST 54 PLACE # 212
HIALEAH, FL. 33016 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90071 037 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)