

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 13 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400023743594
10/13/03--01020--003 **\$1.25



☐ CHECK HERE IF MAKING CHANGES

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State 2-			City & State		
Zip 2		Country		4. FEI Number 59-2674951	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERNANDEZ, HENRY 2011 WEST 62 ST HIALEAH, FL 33016				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILAGRA, MARVIN 2295 WEST 53 PLACE #101 HIALEAH, FL 33016	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rodriguez R. Leonardo 2290 West 54 Place #212 Hialeah, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Whetzel, O. Steven 2295 West 53 Place #203 Hialeah, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dominguez, Raul 2290 West 54 Place #109 Hialeah, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE 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: <u>Leonardo R. Rodriguez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	

CFR2E037 (10/02)

10/17