

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768386

1. Entity Name

THE HORIZONS WEST CONDOMINIUM NO. 10 ASSOCIATION

Principal Place of Business

8730 SW 133 AVENUE ROAD
MIAMI FL 33183
US

Mailing Address

C/O THE CONTINENTAL GROUP
12079 SW 131 AVE
MIAMI FL 33186

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

59-2267758

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

PAIGE, ROBERT E ESQ
PENTHOUSE 400
11440 NO. KENDALL DR
MIAMI FL 33176

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 PD
NAME GONZALES-JONES, LAURA
STREET ADDRESS 8730 SW 133 AVE, RD #323
CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

TITLE DIRECTOR
NAME CAMARENA, LISSETTE
STREET ADDRESS 8730 SW 133 AVE, RD. # 113
CITY-ST-ZIP MIAMI, FL 33183 ☐ Change ☒ Addition

TITLE VPSD
NAME LEHRICH, BETTINA
STREET ADDRESS 8730 SW 133 AVE, RD #420
CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

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

TITLE TD
NAME CALLERIVERA, BEATRIZ
STREET ADDRESS 8730 SW 133 AVE, RD #419
CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

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

TITLE D
NAME ALEMAN, GUILLERMO A
STREET ADDRESS 8730 SW 133 AVE, RD #306
CITY-ST-ZIP MIAMI FL 33183 ☒ Delete

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

TITLE D
NAME LLANOS, DANIEL
STREET ADDRESS 14140 SW 40 TER
CITY-ST-ZIP MIAMI FL 33177 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/17

Date

Daytime Phone #

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90024 015 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)