

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768386

Entity Name
THE HORIZONS WEST CONDOMINIUM NO. 10 ASSOCIATION, INC.

Principal Place of Business
**30 SW 133 AVENUE ROAD
MIAMI FL 33183**

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

Principal Place of Business

Suite, Apt. #, etc.

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

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

7. Name and Address of New Registered Agent

Name **HYMAN & KAPLAN**
Street Address (P.O. Box Number is Not Acceptable)
150 WEST FLAGLER ST SUITE 2701
ATTN: GARY MARS
City **MIAMI** FL Zip Code **33130**

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 **02/06/02**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALES-JONES, LAURA	
STREET ADDRESS	8730 SW 133 AVE, RD #323	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	LEHRICH, BETTINA	
STREET ADDRESS	8730 SW 133 AVE, RD #420	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CALLERIVERA, BEATRIZ	
STREET ADDRESS	8730 SW 133 AVE, RD #419	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMARENA, LISSETTE	
STREET ADDRESS	8730 SW 133 AVE RD #113	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEJENDEZ LISA	
STREET ADDRESS	8730 SW 133 AVE RD # 207	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIA SHAHID	
STREET ADDRESS	8730 SW 133 AVE RD # 213	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADISON-DAVID	
STREET ADDRESS	8730 SW 133 AVE RD # 212	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. 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

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90165 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)