

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768556

1. Entity Name

LAGO GRANDE THREE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

14275 SW 142 AVE
MIAMI FL 33186-6115
US

14275 SW 142 AVE
MIAMI FL 33186-6715
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

59-2391202

Applied For

Not Applied For

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

Name

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

City

FL

Zip Code

TRIAY, CARLOS
999 PONCE DE LEON
SUITE 1110
CORAL GABLES FL 33134

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNIDER, KAREN 6455 W 27TH AVE, #12 HIALEAH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMDRES, LAZARO 6455 W 27TH AVE, #13 HIALEAH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANQUIZ, ENRIQUETA 6465 W 27TH AVE, #204 HIALEAH FL 33016	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAURI, ANTONIO 6455 W. 27 AVE. #24 HIALEAH FL 33016	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANTONIO SAURI 6455 W 27 AVE #24 HIALEAH, FL 33016	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90090 001 ****13.20

02-14-2000 90090 002 ****48.05



DO NOT WRITE IN THIS SPACE

2-8-00