

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90056 010 \*\*\*\*61.25

**DOCUMENT # 769549**

1. Entity Name

**THE 7950 BUILDING CONDOMINIUM ASSOCIATION, INC.**

420141



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>7950 W FLAGLER ST #104 MIAMI FL 33144</b>	Mailing Address <b>7950 W FLAGLER ST #104 MIAMI FL 33144</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2354427</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NAVARRO, JOSE A**  
**7950 W FLAGLER ST #104**  
**MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **ADRIAN FERRADAZ**  
 Street Address (P.O. Box Number is Not Acceptable) **7950 W. FLAGLER ST. #108**  
 City **Miami, FL** Zip Code **33144**

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 **Adrian D. Ferradaz** DATE **4/27/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 <b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>NAVARRO, JOSE A</b>	
STREET ADDRESS <b>7950 W FLAGLER ST #104</b>	
CITY-ST-ZIP <b>MIAMI FL 33144</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> Delete
NAME <b>GONZALEZ, RANDY</b>	
STREET ADDRESS <b>7950 W. FLAGLER ST #104</b>	
CITY-ST-ZIP <b>MIAMI FL 33144</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>AZAN, RAFAEL</b>	
STREET ADDRESS <b>7950 W FLAGLER ST #104</b>	
CITY-ST-ZIP <b>MIAMI FL 33144</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>EGOZCUE, RICHARD</b>	
STREET ADDRESS <b>7950 W FLAGLER ST #102</b>	
CITY-ST-ZIP <b>MIAMI, FL 00000</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME <b>VALERA, ALBERTO</b>	
STREET ADDRESS <b>7950 W FLAGLER ST #104</b>	
CITY-ST-ZIP <b>MIAMI FL 33144</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P.D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EGOZCUE, RICHARD</b>	
STREET ADDRESS <b>7950 W. FLAGLER ST. #102</b>	
CITY-ST-ZIP <b>MIAMI, FL. 33144</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Miguel Couto</b>	
STREET ADDRESS <b>7950 W. FLAGLER ST. #104</b>	
CITY-ST-ZIP <b>MIAMI, FL. 33144</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ADRIAN FERRADAZ</b>	
STREET ADDRESS <b>7950 W. FLAGLER ST. #108</b>	
CITY-ST-ZIP <b>MIAMI, FL. 33144</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Luis De los Santos</b>	
STREET ADDRESS <b>7950 W. FLAGLER ST. #107</b>	
CITY-ST-ZIP <b>MIAMI, FL. 33144</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HECTOR E. ANDREU</b>	
STREET ADDRESS <b>7950 W. FLAGLER ST #108</b>	
CITY-ST-ZIP <b>MIAMI, FL. 33144</b>	

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: **ADRIAN D. FERRADAZ** DATE **4/27/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)