2001 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2001 8:00 am 8 **DOCUMENT # 770066 Secretary of State** 1. Entity Name 03-20-2001 90010 026 ****70.00 WESTLAND VILLAGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 5315 W. 22 CT. 2011 W. 62 ST. LUU35425 HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0062082 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENRY CHERNANDEMENT & REALTY INC Street Address (P.O. Box Number is Not Acceptable) 2011 West 62 St. FRAGINALS, MIGUEL West 62 St. 5315 W. 22 CT. HIALEAH FL 33016 City Zip Code 33016 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 name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Addition TITLE ☐ Delete Channe CARDOSO, JUAN NAME NAME 5289 WEST 22ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 SD TITLE Delete TITLE ' Channe K Addition GARCIA, ANGEL NAME NAME SOSA, JORGE R 5345 West 22 Court 5345 WEST 22ND COURT STREET ADDRESS STREET ADDRESS Hialeah, F1. 33016 CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP Addition TITLE Delete TITI F TD FRAGINALS, MIGUEL NAME NAME CARDOSO, ZOILA STREET ADDRESS 5315 WEST 22ND COURT STREET ADDRESS 5289 West FL Sauft HIALEAH FL 33016 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

3/1/01