

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90216 013 \*\*\*\*61.25

DOCUMENT # **770066**



1. Entity Name  
**WESTLAND VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**5315 W. 22 CT.  
HIALEAH FL 33016**

Mailing Address  
**2011 W. 62 ST.  
HIALEAH FL 33016**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0062082**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HERNANDEZ, HENRY  
2011 WEST 62 STREET  
HIALEAH FL 33016**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CARDOSO, JUAN</b>	
STREET ADDRESS	<b>5289 WEST 22ND COURT</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SOSA, JORGE R</b>	
STREET ADDRESS	<b>5345 WEST 22ND COURT</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CARDOSO, ZOILA</b>	
STREET ADDRESS	<b>5289 WEST 22 COURT</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 OF CARDOSO*

*2/5/03*

Daytime Phone #

CR2003 (10/02)