

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90077 006 \*\*\*\*61.25

**DOCUMENT # 770545**

1. Entity Name

**FLAMINGO CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2050 CORAL WAY  
 SUITE #515  
 MIAMI FL 33145

2050 CORAL WAY  
 SUITE #515  
 MIAMI FL 33145-2682

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*clo Bonafide Mgmt.*  
*PO Box 521458*  
*Miami FL*



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2810402**

Applied For

Not Applicable

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

**BONAFIDE MANAGEMENT GROUP, INC**  
 2050 CORAL WAY  
 SUITE #515  
 MIAMI FL 33145

Name *Bonafide Management Group, Inc*  
 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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SANCHEZ, JULIO</b> <b>6231 W 24TH AVE #105</b> <b>HIALEAH FL 33016</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>COMPANIONI, ANA G</b> <b>6251 W. 24TH AVENUE APT. 205-10</b> <b>HIALEAH FL 33016</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANTA MARIA, JAIME</b> <b>6275 W 24TH AVE #104</b> <b>HIALEAH FL 33016</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HERNANDEZ, JUAN I</b> <b>6239 W 24TH AVE #102</b> <b>HIALEAH FL 33016</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LEZCANO, JULIA</b> <b>6239 W 24TH AVE #104</b> <b>HIALEAH FL 33016</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

305-857-9777

Daytime Phone #

CR2E037 (9/99)