

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

0026462

DOCUMENT # N00000003009
 1. Entity Name
BARLOVENTO CONDOMINIUM ASSOCIATION, INC.

04-29-2002 90006 014 ****70.00

Principal Place of Business Mailing Address
 2441 NW 93RD AVENUE 2441 NW 93RD AVENUE
 109B 109B
 MIAMI FL 33172 MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10735 S.W. 3RD St. *10735 S.W. 3RD St.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt. #10 *Apt. #10*
 City & State City & State
MIAMI, FL. *MIAMI, FLA.*
 Zip Country Zip Country
33174 *U.S.A.* *33174* *U.S.A.*

4. FEI Number **65-1028475** 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

FERNANDEZ-VALLE, MARIA
999 PONCE DE LEON BLVD., SUITE 1110
CORAL GABLES FL 33134

Name **RICARDO RAMON**
 Street Address (P.O. Box Number is Not Acceptable)
10735 S.W. 3RD ST. #10
 City **MIAMI** FL Zip Code **33174**

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 *Ricardo Ramon* **RICARDO RAMON, S/D.** **01/30/02**
 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	PD	<input checked="" type="checkbox"/> Delete
NAME	MENDEZ, LUIS	
STREET ADDRESS	8260 W. FLAGLER ST., SUITE 1E	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MENDEZ, STAVROULA	
STREET ADDRESS	8260 W. FLAGLER ST., SUITE 1E	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POZO, YAILEN	
STREET ADDRESS	8260 W. FLAGLER ST., SUITE 1E	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUBIA SANCHEZ	
STREET ADDRESS	10735 S.W. 3RD ST. #5	
CITY-ST-ZIP	MIAMI, FL. 33174	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICARDO RAMON	
STREET ADDRESS	10735 S.W. 3RD ST., #10	
CITY-ST-ZIP	MIAMI, FL. 33174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ricardo Ramon* **RICARDO RAMON, S/D.** **01/30/02** (305) 718-3515
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)