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

DOCUMENT # N0000003009

1. Entity Name

BARLOVENTO CONDOMINIUM ASSOCIATION, INC.

				منتقب المنتقب						
Principal Place of Business 0745 S.W 3RD ST. IPT ≱6 IIAMI FL 33174		Mailing Address 10745 S.W 3RD ST. APT #6 MIAMI FL 33174	10745 S.W 3RD ST. APT #6		- 1 20 A A 21 A A 21 A A 22 A A 23 A A 2	1 40 071 22 414 40 071		1 12112 122 111 1	1 14 184 188	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.	City & State		☐ CHECK HERE IF MAKING CHANGES					
		City & State			4. FEI Number 65-	1028475		Applied For		
Zip	Country	Zip	Country	· 	5. Certificate of Star			8.75 Add		
	6. Name and Address of Curr	rent Registered Agent	<u> </u>		7. Name and Addre	es of New Re		•		
			Name				9	3		
	SANTOS W 3RD ST.#6		Street /	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL	*		•			• • •			·	
			City			<u> </u>	FL	Zip Cod	le	
 The above the obligat 	e named emity submits this stateme tions of registered agent.	ent for the purpose of changing	its registered office o	or register	red agent, or both, in th	ne State of Floi	rida. I am fa	ımiliar with,	and accept	
•										
IGNATURE	Signature, types or printed name of registered a	agent and title if applicable. (N	OTE: Registered Agent signe	ature required	d when reinstating)		DATE			
IIGNATURE	FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be	9. Election C Trust Fund	OTE: Registered Agent signs	ature required	\$5.00 May Be Added to Fees		DATE Ke Check a Departn			
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12. I hereby certify that the information supplied with this filling 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 eignsture 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 exprovered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

305-569-0241

FILED

Sep 08, 2003 8:00 am Secretary of State

09-08-2003 90131 043 ****61.25