

**2002 UNIFORM BUSINESS REPORT (UBR)**

3/1

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90140 043 \*\*\*\*70.00

**DOCUMENT # N00000007333**

1. Entity Name  
**EL DORAL OFFICE CONDOMINIUM ASSOCIATION INC.**

Principal Place of Business 2441 NW 93RD AVE 109-B MIAMI FL 33172	Mailing Address 2441 NW 93RD AVE 109-B MIAMI FL 33172
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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Zip	Country	Zip	Country
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4. Fee Number **APPLIED FOR**  Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**POZO, YAIEN**  
**8260 WEST FLAGLER STREET**  
**SUITE 1E**  
**MIAMI FL 33144**

**7. Name and Address of New Registered Agent**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RIVERA, DIEGO</b> <b>8260 WEST FLAGLER STREET SUITE 1E</b> <b>MIAMI FL 33144</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RIVERA, MAGALIS</b> <b>8260 WEST FLAGLER STREET SUITE 1E</b> <b>MIAMI FL 33144</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>POZO, YAIEN</b> <b>8260 WEST FLAGLER STREET SUITE 1E</b> <b>MIAMI FL 33144</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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **REONALDO POZO - T. D.** 02-27-02 (305) 718-3515  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (9/01)

Attachment # 1-678-530-6156  
APPLIED BY FAX - 4/18/01 4:35 PM  
N00000007333  
28142

Form **SS-4**

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) <b>EL DORAL OFFICE CONDOMINIUM ASSOCIATION</b>	
2 Trade name of business (if different from name on line 1) <b>SAME</b>	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) <b>2441 N.W. 93RD AVE. Ste. 109B</b>	5a Business address (if different from address on lines 4a and 4b) <b>2441 NW 93rd Ave. Ste 109B</b>
4b City, state, and ZIP code <b>MIAMI, FLA. 33172</b>	5b City, state, and ZIP code <b>MIAMI, FL. 33192</b>
6 County and state where principal business is located <b>DADE COUNTY, FLORIDA</b>	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► <b>DIEGO RIVERA</b>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)  | <input type="checkbox"/> Estate (SSN of decedent)    |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Personal service corp.      |
| <input type="checkbox"/> REMIC  | <input type="checkbox"/> National Guard              |
| <input type="checkbox"/> State/local government   | <input type="checkbox"/> Farmers' cooperative        |
| <input type="checkbox"/> Church or church-controlled organization                               | <input type="checkbox"/> Trust                       |
| <input checked="" type="checkbox"/> Other nonprofit organization (specify) ► <b>CONDO ASSOC</b> | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other (specify) ►  | (enter GEN if applicable)                            |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State <b>FLORIDA</b>	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Banking purpose (specify purpose) ► <b>OPEN ACCOUNT</b>	
<input type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
<input type="checkbox"/> Other (specify) ►	

10 Date business started or acquired (month, day, year) (see instructions)  
**Nov. 3, 2000**

11 Closing month of accounting year (see instructions)  
**DECEMBER 31**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have a... employees during the period, enter -0- (see instructions)

Nonagricultural	Agricultural	Household
<b>0</b>	<b>0</b>	<b>0</b>

14 Principal activity (see instructions) ► **CONDO ASSOC**

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used

Yes  No

16 To whom are most of the products or services sold? Please check one box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
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17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.

Yes  No

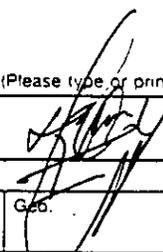
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► <b>Diego Rivera, Pres.</b>	Business telephone number (include area code) <b>(305) 718-3515</b>
Signature ► 	Fax telephone number (include area code) <b>(305) 718-3937</b>

Date ► **04/18/01**

Note: Do not write below this line. For official use only.

Please leave blank ►	Gen.	Ind.	Class	Size	Reason for applying
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TRANSMISSION VERIFICATION REPORT

Attachments

2842

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TIME : 04/18/2001 15:36  
NAME : UNKNOWN  
FAX : 3057183937  
TEL : 0000000000

DATE, TIME	04/18 15:35
FAX NO./NAME	16785305156
DURATION	00:00:51
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

ATTACHMENT

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