

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

Mailing Address

**2441 NW 93RD AVE
 109-B
 MIAMI FL 33172**

**2441 NW 93RD AVE
 109-B
 MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 **PD** ☐ Delete
 NAME **RIVERA, DIEGO**
 STREET ADDRESS **8260 WEST FLAGLER STREET SUITE 1E**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **RIVERA, MAGALIS**
 STREET ADDRESS **8260 WEST FLAGLER STREET SUITE 1E**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **POZO, YAIEN**
 STREET ADDRESS **8260 WEST FLAGLER STREET SUITE 1E**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED B20-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**

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

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

► Keep a copy for your records.

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

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"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ► CONDO ASSOC	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FLORIDA	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input checked="" type="checkbox"/> Banking purpose (specify purpose) ► OPEN ACCOUNT
<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
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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 0	Agricultural 0	Household 0
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14 Principal activity (see instructions) ► CONDO ASSOC

15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ►		

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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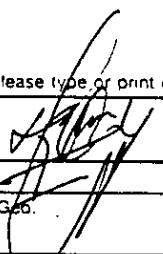
17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

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 ►
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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.) ► Diego Rivera, Pres.	Business telephone number (include area code) (305) 718-3515
	Fax telephone number (include area code) (305) 718-3937

Signature ► 	Date ► 04/18/01
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Note: Do not write below this line. For official use only.

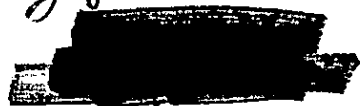
Please leave blank ►	Gen.	Ind.	Class	Size	Reason for applying
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TRANSMISSION VERIFICATION REPORT

Attachment

2842

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

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

04/18 15:35
16785306156
00:00:51
01
OK
STANDARD
ECM

ATTACHMENT

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