2000 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2000 8:00 am Secretary of State DOCUMENT # **N00386** 1. Entity Name CASA LINDA TOWNHOMES CONDOMINIUM ASSOCIATION, IN 02-14-2000 90172 002 ****70.00 Mailing Address Principal Place of Business C/O AMERICA F&H MGT. & REALTY INC. 5915 WEST 16TH LANE UUUALJ4J 2011 W. 62 ST. HIALEAH FL 33012 HIALEAH FL 33016-2657 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2401307 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HERNANDEZ, HENRY C/O AMERICA F&H MGT & REALTY INC. 2011 WEST 62 STREET Zip Code FL HIALEAH FL 33016 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 Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: **Department of State** Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Delete ☐ Change TITLE TITLE ERNANDEZ, REYNALDO 5919 W 16 LANE HIALEAH, FL 33012 NAME NAME DE LA CRUZ, HECTOR STREET ADDRESS STREET ADDRESS **5947 WEST 16 LANE** CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 **₹** Addition Detete Change TITLE TD TITLE GONZALEZ, VIRGINIO NAME GONZALEZ, JUAN NAME 03W 16 LANE 33012 STREET ADDRESS STREET ADDRESS 5903 WEST 16 LANE CITY-ST-7IP CITY-ST-ZIP HIALEAH FL 33012 Delete ☐ Change Addition TITLE TITLE NAME FERREIRO. JULIO NAMÉ STREET ADDRESS STREET ADDRESS 5939 WEST 16 LANE 33012 AluAH, CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does pet 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 chapter in the chapter of the corporation of the chapter of the chapter

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changed, or on an attach

SIGNATURE:

FILED