

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N00921**

1. Entity Name

**PATIOS WEST ONE CONDOMINIUM ASSOCIATION, INC**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90100 010 \*\*\*61.25

Principal Place of Business <b>275 FONTAINEBLEAU BLVD #140 MIAMI FL 33172 US</b>	Mailing Address <b>275 FONTAINEBLEAU BLVD #140 MIAMI FL 33172-4500 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>59-2359581</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PIQUE, SYLVIA**  
**C/O EXCEL MANAGEMENT**  
**275 FONTAINEBLEAU BLVD #140**  
**MIAMI FL 33172**

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: *Sylvia Pique* as agent for association 4/27/00  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<b>SOSA, JAIME</b>	
STREET ADDRESS	<b>11011 NW 7TH ST #203</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>KALAF, ALEJANDRO</b>	
STREET ADDRESS	<b>11041 NW 71ST ST #102</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>SCANLAN, ADELE</b>	
STREET ADDRESS	<b>11061 NW 7TH ST #101</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>GASTON, RAMON</b>	
STREET ADDRESS	<b>11001 NW 7TH ST #102</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>OLIVA, ARMANDO</b>	
STREET ADDRESS	<b>11021 NW 7TH ST #101</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>CHANG, JESUS</b>	
STREET ADDRESS	<b>11021 NW 7TH ST #204</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Alexander Abreu</b>	
STREET ADDRESS	<b>11173 NW 7th St #104</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Pedro Domingo Rodriguez</b>	
STREET ADDRESS	<b>11099 NW 7th St #105</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Noelia Campas</b>	
STREET ADDRESS	<b>11123 NW 7th St #103</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Angel Figueras</b>	
STREET ADDRESS	<b>11091 NW 7th St #201</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jesus Espolita</b>	
STREET ADDRESS	<b>11133 NW 7th St #105</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>	

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]* Date: **5-04-00** Daytime Phone #: **305-207-2343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)