2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N00921

PATIOS WEST ONE CONDOMINIUM ASSOCIATION, INC.



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90171 032 ****61.25

Principal Place of Business 275 FONTAINEBLEAU BLVD #140 MIAMI FL 33172 US 2. Principal Place of Business Suite, Apt. #, etc.				Mailing Address 275 FONTAINEBLEAU BLVD #140 MIAM! FL 33172 US 3. Mailing Address Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			Ci	City & State			4. FEI Number 59-2359581 Applied For				plied For	
											Not Applicable	
Zip	Country		Zip		Country					B.75 Additional e Required		
	6. Name	and Address of Current	t Register	ed Agent	\$	و تعريب	7. Name and Add	ress of New Registe		'		
PIQUE, SYLVIA C/O EXCEL MANAGEMENT: 275 FONTAINEBLEAU BLVD #140						Name Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33172					City				FL	Zip Code)	
	ions of regist	T 6.26			·			·		niliar with, a	and accept	
	Signature, typed	or printed name of registered agen	t and title if ap	olicable. (NOTE	: Registered Agent sign	nature required	when reinstating)	C	DATE		}	
FILE NOW: FEE IS \$61.25 9. Election Cam Trust Fund Co						on. Added to Fees Florida Departme			ent of S	ent of State		
10.	OFFICERS AND DIRECT				11.		ADDITIONS/CHANGE	S TO OFFICERS AN	ID DIRE	CTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ABREU, AI 11173 NW MIAMI FL	7ST #104	y.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	RO, RODRIGUEZ 7ST #105		☐ Delete	TITLE NAME STREET ADDRESS CITY_ST-ZIP_					_ Change	☐ Addition:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perez Fr	ANCO, GILBERTO 7ST. #202		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORTEGA, /	ANTONIO 7ST. #202	, ,	Q Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIC	Fael Reye 3 NW 7 SI 9MI, Fl. 5	33172] Change	∠ Addition	
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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:

UNE REQUIRED

4/14/03

305/07-2343