

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90131 020 ****61.25

DOCUMENT # N01000000456

1. Entity Name

PARKWEST WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3663 SW 8 ST, 3RD FLOOR
 MIAMI FL 33135**

**3663 SW 8 ST, 3RD FLOOR
 MIAMI FL 33135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1074840

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALLS, FELIPE A
 3663 SW 8 ST, 3RD FLOOR
 MIAMI FL 33135**

Name **MARIA MARTIN**

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

9920 N.W. 21 STREET

City

MIAMI

FL

Zip Code **33172**

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 *Maria Martin* **MARIA MARTIN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/23/2002

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	<input type="checkbox"/> Delete
NAME	VALLS, FELIPE A	
STREET ADDRESS	3663 SW 8 ST, 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, JOSE A	
STREET ADDRESS	SERRANIA A-24	
CITY-ST-ZIP	GUAYNABO PR 00966	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DE NAVARRA, CARLOS TORRES	
STREET ADDRESS	3663 SW 8 ST, 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, EDUARDO	
STREET ADDRESS	9930 N.W. 21 STREET	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBO F. OCTAVIO	
STREET ADDRESS	9900 N.W. 21 STREET	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MARIA	
STREET ADDRESS	9920 N.W. 21 STREET	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Maria Martin* **MARIA MARTIN, SECRETARY 4/23/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/23/02** Duration: **305)471-0407**

CR2E037 (9/01)