

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90009 041 \*\*\*\*70.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N01000002022**

1. Entity Name

**75 W. COMMERCE CENTER CONDOMINIUM ASSOCIATION, I  
 V, INC.**

Principal Place of Business

Mailing Address

**2635 W 81 STREET  
 HIALEAH FL 33016**

**2635 W 81 STREET  
 HIALEAH FL 33016**

**21994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FE# Number  
**65-1095802**

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

**WOLFSON, DAVID A  
 15321S DIXIE HWY STE 209  
 MIAMI FL 33157**

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 \_\_\_\_\_

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 \_\_\_\_\_  Delete  
 NAME **DE LA SIERRA, WILLIAM**  
 STREET ADDRESS **2635 W 81 STREET**  
 CITY-ST-ZIP **HIALEAH FL 33016** **D**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME **WILLIAMS, DAVID**  
 STREET ADDRESS **2635 W 81 STREET**  
 CITY-ST-ZIP **HIALEAH FL 33016** **D**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME **ST. VERGUIZAS, ILEANA**  
 STREET ADDRESS **2635 W 81 STREET**  
 CITY-ST-ZIP **HIALEAH FL 33016** **D**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME \_\_\_\_\_  
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TITLE \_\_\_\_\_  Change  Addition  
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 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
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TITLE \_\_\_\_\_  Change  Addition  
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 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Signature: Ileana Verguizas**

Date

Daytime Phone #

**2/19/02 305-823-5513**

CR2E037 (9/01)