

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000004247**

1. Entity Name

LAGO AZUL, CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90034 005 ****61.25

Principal Place of Business

**710 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146**

Mailing Address

**710 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146**

2. Principal Place of Business

5779 NW 151 St.

Suite, Apt. #, etc.

3. Mailing Address

5779 NW 151 St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI LAKES, FL.

City & State

MIAMI LAKES, FL.

4. FEI Number

59-3742461

Applied For

Not Applicable

Zip

33014

Country

US

Zip

33014

Country

US5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORREA, DANNY
710 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CAPARROS, MARTY	
STREET ADDRESS	5779 NW 151 STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	VEGA, ALEXANDER	
STREET ADDRESS	5779 NW 151 STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAYON, ROBERTO	
STREET ADDRESS	5779 NW 151 STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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:

SIGNATURE REQUIRED**2-08-02 305 8275665**

CR2E037 (9/01)