

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-17-2003 90132 012 ****61.25

DOCUMENT # N02000000740

1. Entity Name

CAPISTRANO PALMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8314 N.W. SOUTH RIVER DRIVE
MEDLEY FL 33166

8314 N.W. SOUTH RIVER DRIVE
MEDLEY FL 33166

2. Principal Place of Business

3. Mailing Address

8222 N.W. South River Dr 8222 N.W. South River Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Medley, FL

City & State
Medley, FL

4. FEI Number
65-0964306

Applied For
Not Applicable

Zip Country
33166 USA

Zip Country
33166 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, RAFAEL A
600 BRICKELL AVENUE
SUITE 203A
MIAMI FL 33131

Name: Rafael A. Perez
Street Address: 201 Alhambra Circle
Suite 702
City: Coral Gables, FL Zip Code: 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Rafael A. Perez
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-10-03
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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D
NAME: CASARIEGO, HUMBERTO F
STREET ADDRESS: 8314 N.W. SOUTH RIVER DRIVE
CITY-ST-ZIP: MEDLEY FL 33166 ☐ Delete

TITLE: D
NAME: Casariego, Humberto F.
STREET ADDRESS: 8222 N.W. South River Drive
CITY-ST-ZIP: Medley, FL 33166 ☐ Change ☐ Addition

TITLE: D
NAME: CASARIEGO, ORLANDO J
STREET ADDRESS: 8314 N.W. SOUTH RIVER DRIVE
CITY-ST-ZIP: MEDLEY FL 33166 ☐ Delete

TITLE: D
NAME: Casariego, Orlando J.
STREET ADDRESS: 8222 N.W. South River Drive
CITY-ST-ZIP: Medley, FL 33166 ☐ Change ☐ Addition

TITLE: D
NAME: PEREZ, RAFAEL A
STREET ADDRESS: 600 BRICKELL AVENUE, SUITE 203A
CITY-ST-ZIP: MIAMI FL 33131 ☐ Delete

TITLE: D
NAME: Perez, Rafael A.
STREET ADDRESS: 201 Alhambra Circle, Suite 702
CITY-ST-ZIP: Coral Gables, FL 33134 ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
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: Rafael A. Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 305-442-2244
Date Daytime Phone #

CR2E037 (10/02)