

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03661

FILED

00 NOV 13 PM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

EL POLO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10625 S.W. 130 TERR.
MIAMI FL 33176
US

10625 S.W. 130 TERR.
MIAMI FL 33176
US

2. Principal Place of Business

3. Mailing Address

15615 S.W. 61 TERR. 15615 S.W. 61 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Miami, Fla.

4. FEI Number

59-2797083

Applied For

Not Applicable

Zip

Country

33193 Dade

Zip

Country

33193 Dade

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

ESTEVEZ, AIDA
10625 S.W. 130 TERR.
MIAMI FL 33176

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

After September 13, 2000 min. will be \$236.25

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 Delete
NAME ESTEVEZ, AIDA
STREET ADDRESS 10625 S.W. 130 TERR.
CITY-ST-ZIP MIAMI FL 33176

TITLE PD Change Addition
NAME AIDA ESTEVEZ
STREET ADDRESS 9020 S.W. 157 PL.
CITY-ST-ZIP MIAMI, Fla. 33196

TITLE VPD Delete
NAME RAGONESI, ANALIA
STREET ADDRESS 10621 N. KENDALL DR. STE. 218
CITY-ST-ZIP MIAMI FL 33176

TITLE VPD Change Addition
NAME ULISES ESTEVEZ
STREET ADDRESS 9020 S.W. 157 PL.
CITY-ST-ZIP MIAMI, Fla. 33196

TITLE D Delete
NAME MORGAN, KELLY
STREET ADDRESS 10621 N. KENDALL DR. STE. 218
CITY-ST-ZIP MIAMI FL 33176

TITLE P Change Addition
NAME Analia Ragonesi
STREET ADDRESS 10621 N. Kendall Dr. Ste. 218
CITY-ST-ZIP MIAMI, Fla. 33176

TITLE D Delete
NAME ESTEVEZ, ULISES
STREET ADDRESS 10625 S.W. 130 TERR
CITY-ST-ZIP MIAMI FL 33176

TITLE Change Addition
NAME 900003483519--0
STREET ADDRESS -12/04/00--01001--020
CITY-ST-ZIP *****236.25 *****236.25

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME REINSTATEMENT
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

Date

Daytime Phone #

9/28/00

CR29F037 (5/00)