

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90042 026 ****61.25

0001176

DOCUMENT # N03661

1. Entity Name
EL POLO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
15615 S.W. 61 TERR **15615 S.W. 61 TERR**
MIAMI FL 33193 **MIAMI FL 33193**
US **US**

00025525



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
401 S.W. 109 Ave **15615 S.W. 61 Terr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Miami, Florida

City & State City & State 4. FEI Number Applied For
Miami, Fla. **Miami, Fla.** **59-2797083** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
33174 **Dade** **33193** **Dade**

6. Name and Address of Current Registered Agent
ESTEVEZ, AIDA
10625 S.W. 130 TERR.
MIAMI FL 33176

7. Name and Address of New Registered Agent
 Name **AIDA ESTEVEZ**
 Street Address (P.O. Box Number is Not Acceptable)
15615 SW 61 TERR
 City State Zip Code
MIAMI, Fla. **FL** **33193**

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]* DATE **4/4/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ESTEVEZ, AIDA	
STREET ADDRESS	9020 S.W. 157 PL.	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAGONESI, ANALIA	
STREET ADDRESS	10621 N. KENDALL DR. STE. 218	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ESTEVEZ, ULISES	
STREET ADDRESS	10625 S.W. 130 TERR	
CITY-ST-ZIP	MIAMI FL 33176	
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		
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: *[Signature]* **SIGNATURE REQUIRED** Date **4-4-01** Daytime Phone # **(954) 927-8911**

CR2E037 (10/00)