## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N07476**

## MIDWAY MANSIONS TOWNHOMES CONDOMINIUM ASSOCIATIO

MIDWAY MANSIONS TOWNHOMES CONDOMINIUM ASSOCIATIO							04-14-2001 90035 042 ****61.25				
Principal Plac	ce of Busines	s	Mailing Address								
7989 NW 7 STREET MIAMI FL 33126			UNLIMITED MANAGEMENT SERVICES INC P.O. BOX 440067 MIAMI FL 33144-0067 US				OF OUR MAN AND				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Numb				Applied For	
Zip	Zip Country		Zip	Country		5. Certificate	e of Status Desired		8.75 Ac	dditional	
6. Name and Address of Current			Registered Agent	stered Agent		7. Name and	d Address of New Re				
			<del> </del>		Name						
HERNANDEZ, LUIS					Street Address (P.O. Box Number is Not Acceptable)						
	N 87 AVE			Ī							
MIAMI FL 33174					City	FL Zip Code				de	
8. The above	e named entity	v submits this statement for	the purpose of changing its	reaistere	d office or r	registered agent, or bo	oth, in the state of Flor	ida.	·		
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SIGNATURE			a					···			
•	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE	: Registered	Agent signature	e required when reinstating}		DATE			
FILE NOW: FEE IS \$61.25											
		=				\$5.00 May Be Added to Fees				0	
10.		\$61.25	Trust Fund Contribu			Added to Fees		artment o	of State		
TITLE	FEE IS	\$61.25 OFFICERS AND DIR	Trust Fund Contribu	11.		Added to Fees	Dep	artment o	of State		
TITLE NAME STREET ADDRESS	VPD GOMEZ, I 9450 SW	OFFICERS AND DIR RAFAEL 72 ST. SUITE 203	Trust Fund Contribu	11. TITLE NAME STREE		Added to Fees	Dep	artment o	of State	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VPD GOMEZ, I 9450 SW MIAMI FL SD	OFFICERS AND DIR RAFAEL 72 ST. SUITE 203 33173	Trust Fund Contribu	11. TITLE NAME STREE CITY-:	T ADDRESS ST-ZIP	Added to Fees	Dep	S AND DIR	of State	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VPD GOMEZ, I 9450 SW MIAMI FL SD PULIDO, I	S61.25  OFFICERS AND DIR RAFAEL 72 ST. SUITE 203 33173  REGLA	Trust Fund Contribu	111. TITLE NAME CITY-: TITLE NAME	T ADDRESS ST- ZIP	Added to Fees	Dep	S AND DIR	ECTORS II	N 10 Addition	
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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 experienced 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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

REQUIRED SIGNATUSE AND TYPED OR PRINZED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED Apr 14, 2001 8:00 am Secretary of State