

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90162 046 \*\*\*\*61.25

**DOCUMENT # N09832**

1. Entity Name

**FLAMENCO CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1055 WEST 77TH STREET  
HIALEAH FL 33014C/O ASTRO CONDO SERVICES  
2100 WEST 76 STREET-SUITE 413  
HIALEAH FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2539920

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ASTRO CONDO SERVICES, INC.  
 LOUIS A. REY - PROPERTY MGR.  
 7301 N.W. 41 STREET 2100 W. 76 ST. #413  
 MIAMI FL 33108 HIALEAH, FL 33016

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**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 SD ☒ Delete  
 NAME BACALLAD, LAZARO  
 STREET ADDRESS 1055 W 77 ST, #305  
 CITY-ST-ZIP HIALEAH FL 33014

TITLE P ☐ Change ☒ Addition  
 NAME BACALLAD, ORLANDO  
 STREET ADDRESS 3237 W 77 PL  
 CITY-ST-ZIP HIALEAH, FL 33018

TITLE P ☒ Delete  
 NAME CANALES, JUAN B  
 STREET ADDRESS 3180 W 68 PL  
 CITY-ST-ZIP HIALEAH FL 33018

TITLE D ☐ Change ☐ Addition  
 NAME CANALES, JUAN B. - D  
 STREET ADDRESS 3180 W 68 PL  
 CITY-ST-ZIP HIALEAH, FL 33018

TITLE VD ☐ Delete  
 NAME JORGE, JOSE  
 STREET ADDRESS 1055 W. 77TH STREET, APT. 208 - D  
 CITY-ST-ZIP HIALEAH FL 33014

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

TITLE D ☒ Delete  
 NAME DE LA PUENTE, ARMANDO  
 STREET ADDRESS 1055 W 77 ST, #312  
 CITY-ST-ZIP HIALEAH FL 33014

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

TITLE S ☐ Delete  
 NAME BACALLAD, LAZARO - D  
 STREET ADDRESS 1055 W. 77 ST., #305  
 CITY-ST-ZIP HIALEAH FL 33014

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)(f), 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:

*Orlando Bacallad* as president.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-02

305-8180810

Date

Daytime Phone #

CR2E037 (9/01)