

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90256 047 *****61.25

DOCUMENT # N23777

1. Entity Name
FIRST WEST LAKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 8315
HIALEAH FL 33015

Mailing Address

C/O ACTION GENERAL SERV CORP
4445 WEST 16TH AVENUE. #308
HIALEAH FL 33012

2. Principal Place of Business

5351 W 20 Ct

3. Mailing Address

Suite, Apt. #, etc.

City & State

HIALEAH, FL 33016

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0221221**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FUENTES, BERTY
5351 W 20TH COURT
HIALEAH FL 33016

7. Name and Address of New Registered Agent

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

SIGNATURE

B Fuentes

4-11-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **MUNOZ, MAXIMO**
STREET ADDRESS **5352 WEST 20TH COURT**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **P** ☐ Delete
NAME **ALZA, LUIS P**
STREET ADDRESS **5352 WEST 20TH COURT**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **TD** ☐ Delete
NAME **GORDILLO, ENRIQUE**
STREET ADDRESS **5391 WEST 20TH COURT**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **D** ☐ Delete
NAME **MUNOZ, MAXIMO**
STREET ADDRESS **5371 W 20TH COURT**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **D** ☐ Delete
NAME **ALZA, LUIS P**
STREET ADDRESS **14305 SW 164TH TERR**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **D** ☐ Delete
NAME **GORDILLO, ENRIQUE**
STREET ADDRESS **5391 W 20TH COURT**
CITY-ST-ZIP **HIALEAH FL 33016**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **FUENTES, BERTY**
STREET ADDRESS **5351 W 20th Court**
CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE **S** ☒ Change ☐ Addition
NAME **BENNETT, MARIA ROSA**
STREET ADDRESS **5361 W 20th Ct**
CITY-ST-ZIP **HIALEAH, FL. 33016**

TITLE **T** ☒ Change ☐ Addition
NAME **GUERRERO, JOSE R.**
STREET ADDRESS **5399 W 20th Ct**
CITY-ST-ZIP **HIALEAH, FL. 33016**

TITLE **D** ☒ Change ☐ Addition
NAME **MUNOZ, MAXIMO**
STREET ADDRESS **5371 W 20th Ct**
CITY-ST-ZIP **HIALEAH, FL. 33016**

TITLE **D** ☒ Change ☐ Addition
NAME **ALZA, LUIS P**
STREET ADDRESS **14305 S.W 164 Terr.**
CITY-ST-ZIP **MIAMI, FL. 33177**

TITLE **D** ☒ Change ☐ Addition
NAME **GORDILLO, ENRIQUE**
STREET ADDRESS **5391 W 20th Ct**
CITY-ST-ZIP **HIALEAH, FL. 33016**

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: *S Fuentes* **REQUIRED**

4-11-03 (305) 823-1201

CR2E037 (10/02)