

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
 02-26-2000 90082 032 ****61.25

DOCUMENT # N24146

1. Entity Name

ALAMEDA TOWER 4 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**5440 W. 21ST COURT
 HIALEAH FL 33016**

Mailing Address

**2151 LE JUNE RD. #305
 CORAL GABLES FL 33134-4200
 US**

2. Principal Place of Business

3. Mailing Address

2500 NW 97 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

MIAMI FL

4. FEI Number

65-0058841

Applied For

Not Applicable

Zip

Country

Zip

Country

33172

USA

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

**SCHNEID, YABLIN, L
 699 SOUTH FEDERAL HIGHWAY
 HOLLYWOOD FL 33020**

Name **ARNOLD YABLIN, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
699 So. FEDERAL HIGHWAY

City **HOLLYWOOD**

FL

Zip Code **33020**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MAURO, PEREZ	
STREET ADDRESS	5460 W. 21 CT., #208	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MANCO, FALCON A	
STREET ADDRESS	5440 W. 21 CT., #206	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MENDEZ, MARTHA	
STREET ADDRESS	5440 W. 21ST COURT, #412	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NOA, MIRIAM	
STREET ADDRESS	5460 W 21 CT 110	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCO, FALCON A	
STREET ADDRESS	5440 W 21 COURT #206	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, JUAN	
STREET ADDRESS	5440 W 21 COURT, #305	
CITY-ST-ZIP	HIALEAH FL	

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	
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 117, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/00

305 444-6757

CR2E037 (9/99)