

# 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

Suite, Apt. #, etc.

3. Mailing Address

**2500 NW 97 AVE**

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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~SCHNEID, YABLIN J  
 699 SOUTH FEDERAL HIGHWAY  
 HOLLYWOOD FL 33020~~

7. Name and Address of New Registered Agent

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

*Arnold Yablin, P.A.* **ARNOLD YABLIN, P.A.**

**2-8-00**

**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		

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)