

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90271 028 \*\*\*\*61.25

**DOCUMENT # N30434**

1. Entity Name

**PRESIDENTIAL CORNERS CONDOMINIUM ASSOCIATION, IN**

Principal Place of Business

Mailing Address

199 SOUTHWEST 12TH AVENUE  
 MIAMI FL 33130-8056

199 SOUTHWEST 12TH AVENUE  
 MIAMI FL 33130-8056

140410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0114982

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RAMOS-FERRER, CESAR  
 199 S.W. 12TH AVE.  
 APT 418  
 MIAMI FL 33130

Name: **JOSE DOCE**  
 Street Address (P.O. Box Number is Not Acceptable):  
**199 SW 12 Ave**  
**APT. 418**  
 City: **MIAMI** FL Zip Code: **33130**

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: JOSE DOCE

*[Signature]*

4-10-01

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 NAME	VSTD SOTO, MARIA	<input type="checkbox"/> Delete
STREET ADDRESS	199 S.W. 12TH AVE., #511	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	PD DOCE, JOSE	<input type="checkbox"/> Delete
STREET ADDRESS	199 SW 12 AVE, #41-B	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE NAME	STD SOTO, PEDRO D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	199 SW 12TH AVE, #505	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	STD ALVAREZ, CARLOS A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	199 S.W. 12TH AVE. #304	
CITY-ST-ZIP	MIAMI, FL. 33130	
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

**SIGNATURE REQUIRED**

4/10/01

305-205-1727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)