

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91184 047 ****61.25

DOCUMENT #

1. Entity Name: **N32839**

EL PRADO XI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2500 NW 97 Ave.
 #200
 Miami, FL 33172

2500 NW 97 Ave.
 #200
 Miami, FL 33172

00070023

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

65-0156466

Applied For

Not Applicable

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

SPM GROUP, INC.
 c/o EDUARDO ROTUNDO
 2500 NW 97 Ave. # 200
 MIAMI, FL 33172

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.

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	P/D	<input type="checkbox"/> Delete
NAME	GOMEZ, GUADALUPE	
STREET ADDRESS	7702 W. 29 Way #101	
CITY-ST-ZIP	Hialeah, FL 33018	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	MARCANO, MARITZA	
STREET ADDRESS	7825 W. 29 Way # 102	
CITY-ST-ZIP	Hialeah, FL 33018	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	MORALES, SERGIO	
STREET ADDRESS	7670 W. 29 Way # 102	
CITY-ST-ZIP	Hialeah, FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 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: *Guadalupe Gomez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date: **4/30/01** Daytime Phone #: **305-4946757**

CR2E037 (11/00)