

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90021 019 ****70.00

DOCUMENT # *N93000004315*

1. Entity Name

Esprit II Condominium

NO NAME CHG

(LA)

Principal Place of Business

*1335 SW 128 St
Miami FL 33186*

Mailing Address

*1335 SW 128 St
Miami, FL 33186*

00000436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593669863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*David K. Kohnert
8900 SW 107 Ave #1206
Miami FL 33176*

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 *PRESIDENT* ☐ Delete
NAME *CARLOS CARDENAS*
STREET ADDRESS *9616 SW 138 Ave*
CITY-ST-ZIP *Miami FLA 33186*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VICE PRESIDENT* ☐ Delete
NAME *ALEXIS MOCK*
STREET ADDRESS *9720 S.W. 138 Ave*
CITY-ST-ZIP *Miami FLA 33186*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *TREASURER* ☐ Delete
NAME *CAROLINA E. RODRIGUEZ*
STREET ADDRESS *9644 SW 138 Ave*
CITY-ST-ZIP *Miami FL 33186*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Director* ☐ Delete
NAME *DOUG FERNANDEZ*
STREET ADDRESS *9643 S.W. 138 Ave*
CITY-ST-ZIP *Miami FLA 33186*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)