

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N93000005513**

1. Entity Name

**FLIGHTWAY BUSINESS PARK CONDOMINIUM ASSOCIATION,**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90026 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**%HAYDEE CEBALLOS**  
**354 SEVILLA AVE.**  
**CORAL GABLES FL 33134**

**%HAYDEE CEBALLOS**  
**354 SEVILLA AVE.**  
**CORAL GABLES FL 33134-6615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0560934**

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

**CEBALLOS, HAYDEE**  
**354 SEVILLA AVE.**  
**CORAL GABLES FL 33134**

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  Delete  
NAME **PD FRANCISCO, VALTER J**  
STREET ADDRESS **%354 SEVILLA AVE.**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SD CEBALLOS, HAYDEE**  
STREET ADDRESS **354 SEVILLA AVE.**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VTD PIMENTA, JOSUE DIMAS D**  
STREET ADDRESS **%354 SEVILLA AVE.**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
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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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *HAYDEE CEBALLOS* **HAYDEE CEBALLOS** 4/20/00 (305) 448-5255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #

CR2E037 (9/99)