2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005513

1. Entity Name

FLIGHTWAY BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.



FILED

Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90525 041 ****61.25

Change

■ Addition

Principal Place of Business Mailing Address ************ **%HAYDEE CEBALLOS** %HAYDEE CEBALLOS 354 SEVILLA AVE. 354 SEVILLA AVE. CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEi Number 65-0560934 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CEBALLOS, HAYDEE Street Address (P.O. Box Number is Not Acceptable) 354 SEVILLA AVE. **CORAL GABLES FL 33134** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD ☐ Delete TITLE ☐ Change ☐ Addition FRANCISCO, VALTER J NAME NAME %354 SEVILLA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE CEBALLOS, HAYDEE NAME NAME 354 SEVILLA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PIMENTA, JOSUE DIMAS D NAME NAME %354 SEVILLA AVE. STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change

12. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

HALLS ALSO SUBSECURE CEBAILOS Y117103 305 448-5255