

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90281 015 \*\*\*\*61.25

**DOCUMENT #** N94000005657  
**1. Entity Name**  
 Lakeside V Condo Association  
 13028 S.W. 128 St.

**Principal Place of Business**      **Mailing Address**  
 13028 S.W. 128 st.      13028 S.W. 128 St.  
 Miami, Fl. 33186      Miami, Fl. 33186

**2. Principal Place of Business**      **3. Mailing Address**  
 13028 S.W. 128 St.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 Miami, Fl.  
**Zip**      **Country**      **Zip**      **Country**  
 33186

**4. FEI Number**      **Applied For**  
 65-0573732       Not Applicable

**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

00055675

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**  
**Name**      Rosa Koolmeyer  
**Street Address (P.O. Box Number is Not Acceptable)**  
 13030 S.W. 128 St.  
**City**      Miami      **FL**      **Zip Code**      33186

**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**      Rosa M. Koolmeyer      *Rosa M. Koolmeyer*      **5-1-01**  
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	
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"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Rosa M. Koolmeyer 13030 S.W. 128 St.
CITY-ST-ZIP	Miami, Fl. 33186      (President)
TITLE NAME	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Lorraine Sherrill 13010 S. W. 128 St.
CITY-ST-ZIP	Miami, Fl. 33186
TITLE NAME	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Juan Jose Esclasans 13012 S.W. 128 St.
CITY-ST-ZIP	Miami, Fl. 33186
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)(l), 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:**      Juan Jose Esclasans Secretary      *Juan Jose Esclasans*      **5/1/01**      **395-254-1074**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (11/00)