2000 UNIFORM BUSINESS REPORT (UBR)

09-17-2001 90133 037 ***306.25
N94000006174
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 20 PM 12:35

DOCUMENT # N94000006174

1. Entity Name

WESTWOOD BUSINESS CENTER CONDOMIUM ASSOCIATION,

Principal Place of Business	Mailing Address
~~1111 KANE CONCOURSE~~ ~~504~~ ~~BAY HARBOR ISLAND FL 33154~~	~~1111 KANE CONCOURSE~~ ~~504~~ ~~BAY HARBOR ISLAND FL 33154-2043~~

2. Principal Place of Business	3. Mailing Address
C/O L.M. Quality	C/O: LM Quality
Suite, Apt. #, etc. P.O. Box 440915	Suite, Apt. #, etc. P.O. BOX 440915
City & State Miami FL	City & State MIAMI FL
Zip 33144 Country Dade	Zip 33144 Country Dade

DO NOT WRITE IN THIS SPACE REINSTATEMENT 00-01

4. FEI Number 65-0557426 ☐ 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
~~NUNEZ, LUZMARY~~ ~~1111 KANE CONCOURSE~~ ~~504~~ ~~BAY HARBOR ISLAND FL 33154~~	Name LUZMARY NUNEZ Street Address (P.O. Box Number is Not Acceptable) 8101 Byron Ave Association Box City Miami Beach FL Zip Code 33141

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] 9/1/01
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DE CASTRO, ANTONIO 2201 NW 102 PL MIAMI FL 33172	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRESNILLO, CARLOS 2208 NW 102 AVE MIAMI FL 33172	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FRESRILLO, CARLOS 2200 NW 102 AVE MIAMI FL 33172	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Castañeda, Carlos 2200 NW 102 Ave Miami FL 33172	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CASTANEDA, CARLOS 2200 N.W. 102 AVE. #6 MIAMI FL 33172	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALVAREZ Manuel 2200 NW 102 Ave Miami FL 33172	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALVAREZ, MANUEL 2200 N.W. 102 AVE. #6 MIAMI FL 33172	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: ~~CARLOS FRESNILLO~~ 9/1/01 305-264-8025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #