

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90019 007 \*\*\*\*70.00

**DOCUMENT # N96000005642**

1. Entity Name

**MYSTIC PLACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~7990 S.W. 117 AVENUE, SUITE 137~~  
~~MIAMI FL 33183~~

~~7990 S.W. 117 AVENUE, SUITE 137~~  
~~MIAMI FL 33183~~

2. Principal Place of Business

3. Mailing Address

**The Timberlake Group, Inc.**

**The Timberlake Group, Inc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**5050 N.W. 74th. Ave.**

**5050 N.W. 74th. Ave.,**

City & State

City & State

**MIAMI, FLORIDA**

**MIAMI, FLORIDA**

4. FEI Number

**65-0818678**

Applied For

Not Applicable

Zip

**33166**

Country

**U.S.A.**

Zip

**33166**

Country

**U.S.A.**

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

~~- PALACIOS, MARIA -~~  
~~- 7990 SW 117TH AVENUE -~~  
~~- SUITE 137 -~~  
~~- MIAMI FL 33183 -~~

Name **ROBERT A. DUGGER SR.**

Street Address (P.O. Box Number is Not Acceptable)  
**5050 N.W. 74th Avenue,**

City **MIAMI**

**FL**

Zip Code **33166**

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

**ROBERT A. DUGGER SR.**

**02/14/00**

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	<del>PD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>AGUIRRE, GERARDO L</del>	
STREET ADDRESS	<del>7990 S.W. 117 AVENUE, SUITE 137</del>	
CITY-ST-ZIP	<del>MIAMI FL 33183</del>	
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>PEREZ, FRANCISCO</del>	
STREET ADDRESS	<del>7990 S.W. 117 AVENUE, SUITE 137</del>	
CITY-ST-ZIP	<del>MIAMI FL 33183</del>	
TITLE	<del>TD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>PALACIOS, MARIA</del>	
STREET ADDRESS	<del>7990 S.W. 117 AVENUE, SUITE 137</del>	
CITY-ST-ZIP	<del>MIAMI FL 33183</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>James McLeary</b>	
STREET ADDRESS	<b>925 NW 82 Ave #223</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>	
TITLE	<b>Secretary/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cristina Vargas</b>	
STREET ADDRESS	<b>955 NW 82 Ave #211</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>	
TITLE	<b>Treasurer/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Armando Puant</b>	
STREET ADDRESS	<b>955 NW 82 Ave #212</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>	
TITLE	<b>Vice-President/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ricardo Cabrera</b>	
STREET ADDRESS	<b>925 NW 82 Ave #221</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**02/14/00**

**02/14/00**

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

C:\DOCUME\1000000000\1000000000\1000000000