

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005993

1. Entity Name

VISTA DEL LAGO I CONDOMINIUM ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-09-2000 90217 002 ****70.00

Principal Place of Business Mailing Address
 9921 W. OKEECHOBEE ROAD 9921 W. OKEECHOBEE ROAD
 SUITE 126 A SUITE 126 A
 HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016-2133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 205 Suite 205

City & State City & State
 Hialeah FL Hialeah FL

4. FEI Number Applied For
 65-0855922 Not Applicable

Zip Country Zip Country
 33016 USA 33016 USA

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

CONTRERRAS, GILBERT A ESQ.
 1401 PONCE DE LEON BLVD.
 PH-1
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	FERRO, MARIO	
STREET ADDRESS	9921 W. OKEECHOBEE ROAD SUITE 126 A	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CASANOVA, MARITZA	
STREET ADDRESS	9921 W. OKEECHOBEE ROAD SUITE 126 A	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, ANA	
STREET ADDRESS	9921 W. OKEECHOBEE ROAD SUITE 126 A	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
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		<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		
TITLE	MARIO FERRO JR. Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	2189 W 60th St. Ste 205	
CITY-ST-ZIP	Hialeah FL 33016	
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)(f), 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: [Signature] **REQUIRED** Date: 1/18/00 Daytime Phone #: 3055564282

CR2E037 (9/99)