

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/3/00

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90157 002 \*\*\*\*61.25

**DOCUMENT # N99000005021**  
 1. Entity Name  
**POTOMAC PLACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 1401 PONCE DE LEON BLVD.      1401 PONCE DE LEON BLVD.  
 SUITE 401      SUITE 401  
 CORAL GABLES FL 33134      CORAL GABLES FL 33134-4060

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **P.O. BOX 165820**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number  
**Miami FL**      **65-0998586**  
 Zip      Country      Zip      Country  
**33116**      **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CONTRERAS, GILERT A**  
**1401 PONCE DE LEON BLVD.**  
**SUITE 401**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name **VICTOR SEJAS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13699 SW 142 TR.**  
**Miami FL 33186**  
 City      State      Zip Code  
                  **FL**

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]* (Pres) **VICTOR F. SEJAS Jr.**      3/31/00.  
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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEJAS, VICTOR</b>	NAME	
STREET ADDRESS	<b>1401 PONCE DE LEON BLVD., SUITE 401</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEJAS, CECILIA</b>	NAME	
STREET ADDRESS	<b>1401 PONCE DE LEON BLVD., SUITE 401</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VINAS, CATALINA</b>	NAME	
STREET ADDRESS	<b>1401 PONCE DE LEON BLVD., SUITE 401</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **03/31/00**      Daytime Phone #: **(305) 378-0123**

CR2E037 (9/99)