

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEJAS, VICTOR	NAME	
STREET ADDRESS	1401 PONCE DE LEON BLVD., SUITE 401	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEJAS, CECILIA	NAME	
STREET ADDRESS	1401 PONCE DE LEON BLVD., SUITE 401	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINAS, CATALINA	NAME	
STREET ADDRESS	1401 PONCE DE LEON BLVD., SUITE 401	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	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 of 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)