

2001-UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 17, 2001 8:00 am
Secretary of State

03-19-2001 90075 025 ****70.00

04-17-2001 90067 038 ****80.00

DOCUMENT # P98000029821
 1. Entity Name
ALHAMBRA VI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 2260 WEST 55TH STREET 2260 WEST 55TH STREET
 UNIT 14 UNIT 14
 HIALEAH FL 33016 HIALEAH FL 33016

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 2011 West 62 Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 HIALEAH FL.
 Zip Country Zip Country
 33016 DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0434576** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
GONZALEZ, JOSE LUIS
 2260 WEST 55TH STREET
 UNIT 14
 HIALEAH FL 33016
 7. Name and Address of New Registered Agent
 Name **HENRY HERNANDEZ**
AMERICA MANAGEMENT & REALTY INC.
 Street Address (P.O. Box Number is Not Acceptable)
 2011 West 62 Street
 City **HIALEAH** FL Zip Code **33016**

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 *Henry Hernandez* DATE **3/1/01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GONZALEZ, JOSE LUIS 2260 W. 55 STREET, UNIT #14 HIALEAH FL 33016 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LAGE, LADY 2260 W 55 ST UNIT #1 HIALEAH FL 33016 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LAGE, LADY 2260 W 55 St #1 HIALEAH FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FEO, ALFREDO 2260 W. 55 STREET, UNIT #13 HIALEAH FL 33016 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ORESTES DELGADO 2260 West 55 Street #11 Hialeah, FL. 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DELGADO, FLORENTINO O 2260 W. 55 STREET, UNIT #11 HIALEAH FL 33016 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DOWLING, EDUARDO 1357 West 78 Street Hialeah FL. 33014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DIAZ, SANDRA 2260 W 55 ST UNIT #12 HIALEAH FL 33016 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SANDRA MADRID 2260 W 55 St #12 HIALEAH FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KUCHARCZUK, MARIA ESTHER 2260 W 55 ST UNIT #9 HIALEAH FL 33016 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: *Lady Laga* DATE **3/1/01** (305) 558-9820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)