

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90412 033 \*\*\*150.00

CS22761A

**DOCUMENT # P98000029821**

1. Entity Name  
**ALHAMBRA VI CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**2260 WEST 55TH STREET      2011 WEST 62 STREET**  
**UNIT 14      HIALEAH FL 33016**  
**HIALEAH FL 33016**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State



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		7. Name and Address of New Registered Agent	
<b>HERNANDEZ, HENRY</b> <b>AMERICA MANAGEMENT &amp; REALTY, INC.</b> <b>2011 WEST 62 STREET</b> <b>HIALEAH FL 33016</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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, 2002 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 VD <b>DIAZ, SANDRA</b>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2260 W 55 STREET #12</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HIALEAH FL 33016</b>		CITY-ST-ZIP	
TITLE NAME PD <b>LAGE, LADY</b>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2260 W 55 ST UNIT #1</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HIALEAH FL 33016</b>		CITY-ST-ZIP	
TITLE NAME VD <b>LAGE, LADY</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2260 W 55 ST UNIT #1</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HIALEAH FL 33016</b>		CITY-ST-ZIP	
TITLE NAME TD <b>DOWLING, EDUARDO</b>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1357 WEST 78 STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HIALEAH FL 33014</b>		CITY-ST-ZIP	
TITLE NAME D <b>ORESTES, DELGADO</b>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2260 W 55 ST UNIT #11</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HIALEAH FL 33016</b>		CITY-ST-ZIP	
TITLE NAME D <b>KUCHARCZUK, MARIA ESTHER</b>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2260 W 55 ST UNIT #9</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HIALEAH FL 33016</b>		CITY-ST-ZIP	

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 LAGE*      4/9/02      (305) 558-9820  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)