2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46741

1. Entity Name

ONE ALHAMBRA CIRCLE CONDOMINIUM ASSOCIATION, INC

FILED
Jan 24, 2000 8:00 am
Secretary of State
01-24-2000 90265 001 ****61.25

Principal Place of Business	Mailing Address
ONE ALHAMBRA CIRCLE #608 CORAL GABLES FL 33134 US	ONE ALHAMBRA CIRCLE #608 CORAL GABLES FL 33134-4692 US

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0357144 ☐ 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
GOUDIE, EILEEN M. 1 ALHAMBRA CIR. #608 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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAGOMASINO, MARIA 1 ALHAMBRA CIR., #602 CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Leonor, Mezcua R 1 Alhambra Circle #403 Coral Gables, Fl	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FADEL, JOSEPH 1 ALHAMBRA CIRCLE #407 CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEONOR, MEZCUA R 1 ALHAMBRA CIRCLE #608 CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Monica, Athie 1 Alhambra Circle #204 Coral Gables, Fl. 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED Leonor Mezcua R President 1/13/2000 305/591-9785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #