

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766415

1. Entity Name

WEST OAKS CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90049 014 ****61.25

B0021487



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

833 WEST AVENUE
MIAMI BEACH FL 33139

833 WEST AVENUE
MIAMI BEACH FL 33139-5571

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2472925

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MEZQUIA, IVONNE
833 WEST AVE.
204
MIAMI BEACH FL 33139

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 ☐ Delete
NAME P
STREET ADDRESS MEZQUIA, IVONNE
CITY-ST-ZIP 833 WEST AVE #204
MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS KNOTT, ROBERT
CITY-ST-ZIP 833 WEST AVE., #404
MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TD
STREET ADDRESS SOORUS, SHANE
CITY-ST-ZIP 833 WEST AVE, #504
MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS ANDREU, JUAN
CITY-ST-ZIP 1094 SW 135 COURT
MIAMI FL 33184

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DS
STREET ADDRESS PINO, EMILIA
CITY-ST-ZIP 833 WEST AVE, #305
MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)