

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734849

1. Entity Name

WEST FLAGLER HERITAGE NUMBER TWO CONDOMINIUM, IN

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90009 019 ****61.25

Principal Place of Business

131 SW 109 AVE
STE L-9
MIAMI FL 33174
US

Mailing Address

400 SW 107 AVE
STE #312
MIAMI FL 33174-8400
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1775204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIERRA, MARIA
131 SW 109 AVE
STE L-9
MIAMI FL 33174

7. Name and Address of New Registered Agent

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

TITLE PD
NAME SIERRA, MARIA
STREET ADDRESS 131 S.W. 109TH AVENUE, #L-9
CITY-ST-ZIP MIAMI, FL 00000 ☐ Delete

TITLE SD
NAME MUNOZ, MIGUEL E
STREET ADDRESS 131 SW 109 AVE, STE L-4
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME VILCHES, ROBERTO
STREET ADDRESS 130 SW 108 AVE, #J-10
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE DT
NAME HERNANDEZ, IRENE
STREET ADDRESS 120 S.W. 108TH AVENUE, #1-4
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME OTERO, GEORGINA
STREET ADDRESS 130 SW 108TH AVE, J-11
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME PENEDO, ARMANDO
STREET ADDRESS 13220 SW 38TH TERRACE
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maria Sierra 2/29/2000 (305) 220-5684

CR2E037 (9/99)