

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003514

1. Entity Name

G.V.P. CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90053 022 \*\*\*\*61.25

Principal Place of Business

5455 S.W. 8TH ST.  
#105  
MIAMI FL 33144

Mailing Address

10556 N.W. 26TH STREET  
#203  
MIAMI FL 33172-2161

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

65-0472196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARROM, ORLANDO  
10556 N.W. 26TH STREET  
#203  
MIAMI FL 33172

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 ☐ Delete  
NAME PD  
STREET ADDRESS CABO, ANDRES  
CITY-ST-ZIP 5455 S.W. 8TH ST. SUITE 105  
MIAMI FL 33144

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS CARDONA, LUIS  
CITY-ST-ZIP 5455 S.W. 8TH ST. SUITE 245  
MIAMI FL 33144

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS ALONSO, C. GLORIA  
CITY-ST-ZIP 5455 S.W. 8TH ST. SUITE 235  
MIAMI FL 33144

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS PARDO, FELIX  
CITY-ST-ZIP 5455 NW 8 STREET - STE 205  
MIAMI FL 33144

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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

4/20/00 (305) 444-0000  
Date Daytime Phone #

CR2E037 (9/99)