

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-24-2001 90047 004 ****61.25

DOCUMENT # N24146

1. Entity Name

ALAMEDA TOWER 4 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**5440 W. 21ST COURT
HIALEAH FL 33016**

Mailing Address

**2500 NW 97 AVE
#200
MIAMI FL 33172
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0058841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**YABLIN, ARNOLD
699 SOUTH FEDERAL HIGHWAY
HOLLYWOOD FL 33020**

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 **VPD**
STREET ADDRESS **MANCO, FALCON A**
CITY-ST-ZIP **5440 W. 21 CT., #206
HIALEAH FL 33016**

TITLE ☐ Delete
NAME **SD T**
STREET ADDRESS **MENDEZ, MARTHA**
CITY-ST-ZIP **5440 W. 21ST COURT, #412
HIALEAH FL 33016**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MARCO, FALCON A**
CITY-ST-ZIP **5440 W 21 COURT #206
HIALEAH FL 33016**

TITLE ☐ Delete
NAME **D T**
STREET ADDRESS **GONZALEZ, JUAN**
CITY-ST-ZIP **5440 W 21 COURT, #305
HIALEAH FL**

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 **President P T**
STREET ADDRESS **Adino Justo**
CITY-ST-ZIP **5440 W 21 CT # 307
Hialeah, FL 33016**

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

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

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

TITLE ☐ Change ☐ Addition
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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 (10/00)