

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768556

1. Entity Name

LAGO GRANDE THREE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

14275 SW 142 AVE
MIAMI FL 33186-6115
US

Mailing Address

14275 SW 142 AVE
MIAMI FL 33186-6115
US

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

59-2391202

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

TRIAY, CARLOS
999 PONCE DE LEON
SUITE 1110
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	PD	<input checked="" type="checkbox"/> Delete
NAME	SNIDER, KAREN	
STREET ADDRESS	6455 W 27TH AVE, #12	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SAURI, ANTONIO	
STREET ADDRESS	6455 W 27 AVE # 24	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FRANQUIZ, ENRIQUETA	
STREET ADDRESS	6465 W 27TH AVE, #204	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN SNIDER	
STREET ADDRESS	6455 W 27 AVE # 12	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SERRANO, ROBERTO #24	
STREET ADDRESS	6520 W 27 CT.	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORGE, JOSE	
STREET ADDRESS	2725 W 64 PL # 24	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWNS, LLOYD	
STREET ADDRESS	2725 W 64 PL # 23	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90293 001 ****48.05

02-13-2001 90293 002 ****13.20

26131



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)