

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09540

1. Entity Name

SWEETWATER CREEK HOMEOWNERS CONDOMINIUM ASSOCIAT

Principal Place of Business

550 S.W. 115 AVE.  
SWEETWATER FL 33174

Mailing Address

8299 CORAL WAY  
MIAMI FL 33155

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

65-0305723

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PROPERTY MANAGEMENT SERVICES INC.  
8299 CORAL WAY  
MIAMI FL 33155

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 ☐ Delete  
NAME GALLARDO, HUGO  
STREET ADDRESS 550 SW 115TH AVE.  
CITY-ST-ZIP MIAMI FL 33174

TITLE VPD ☒ Delete  
NAME PERDOMO, HECTOR  
STREET ADDRESS 550 SW 115 AVE  
CITY-ST-ZIP MIAMI FL 33174

TITLE SD ☐ Delete  
NAME GARCIA, ROSA I  
STREET ADDRESS 550 SW 115 AVE  
CITY-ST-ZIP MIAMI FL 33174

TITLE TD ☒ Delete  
NAME DELGADO, LAZARO  
STREET ADDRESS 550 SW 115 AVE  
CITY-ST-ZIP MIAMI FL 33174

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 VICEPRESIDENT ☐ Change ☒ Addition  
NAME SALCEDA, FRANCISCO  
STREET ADDRESS 550 SW 115 AVE. UNIT G9  
CITY-ST-ZIP MIAMI FL 33174

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

TITLE TD ☐ Change ☒ Addition  
NAME ORTEZ, CARMEN  
STREET ADDRESS 550 SW 115 AVE UNIT F8  
CITY-ST-ZIP MIAMI, FL 33174

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)