

200: UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # 734849  
1. Entity Name  
WEST FLAGLER HERITAGE NUMBER TWO CONDOMINIUM

Principal Place of Business Mailing Address  
131 SW 109 Ave. 275 FONTAINBLEAU BLVD.  
MIAMI, FL. 33174 SUITE 140  
MIAMI, FL. 33174

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG 20 PM 4:10

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-08/28/01--01093--018  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

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  
SYLVIA PIQUE C/O EXCEL MANAGEMENT ASSOC.  
Street Address (P.O. Box Number is Not Acceptable)  
275 FONTAINBLEAU BLVD., SUITE 140  
City MIAMI FL Zip Code 33172

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 Sylvia Pique, An agent for the Association 8/14/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) 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  
Table with columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include SIERRA, MARIA (PD), MUNOZ, MIGUEL E (SD), HERNANDEZ, IRENE (DT), OTERO GEORGINA (D), PENEDO, ARMANDO (D).

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
Table with columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include ALEJANDRO DOMINGUEZ (PD), DAYSI GRACIA (VP), GEORGINA OTERO (SD), ROBERTO VILCHEZ (DT), DORIS SAN ROMAN (D).

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 another file empowered.  
SIGNATURE: Armando Penedo 08-10-01 (305) 559-4107

CORRECT (11/00)