

2001 AMENDED

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736966

1. Entity Name

## FERNWOODS CONDOMINIUM ASSOCIATION #2, INC.

Principal Place of Business

Mailing Address

1985 NW 88 CT  
SUITE 201  
MIAMI, FL 33172P.O. BOX 960656  
MIAMI, FL 33296-0656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1551361

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

CARLOS R. CASO P.A.  
1300 CORAL WAY, STE 301  
MIAMI, FL 33145

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MIRIAM DIAZ ALFONSO	
STREET ADDRESS	506 NW 87TH AVE #412	
CITY - ST - ZIP	MIAMI, FL 33172	

TITLE	VP	<input type="checkbox"/> Delete
NAME	OSVALDO MARTINEZ	
STREET ADDRESS	506 NW 87TH AVE #309	
CITY - ST - ZIP	MIAMI, FL 33172	

TITLE	TD	<input type="checkbox"/> Delete
NAME	ALLEN HIRSH	
STREET ADDRESS	706 NW 87TH AVE #412	
CITY - ST - ZIP	MIAMI, FL 33172	

TITLE	SD	<input type="checkbox"/> Delete
NAME	OLGA R. CAO	
STREET ADDRESS	402 NW 87TH AVE #204	
CITY - ST - ZIP	MIAMI, FL 33172	

TITLE	ASD	<input type="checkbox"/> Delete
NAME	GLORIA SANCHEZ	
STREET ADDRESS	702 NW 87TH AVE #404	
CITY - ST - ZIP	MIAMI, FL 33172	

TITLE	D	<input type="checkbox"/> Delete
NAME	TERESA KLOPFENSTEIN	
STREET ADDRESS	706 NW 87TH AVE #305	
CITY - ST - ZIP	MIAMI, FL 33172	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	500004560095
STREET ADDRESS	-08/28/01--01093--022
CITY - ST - ZIP	*****61.25 *****61.25

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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #