NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # 770066 04-11-2002 90704 024 ****70 00 1. Entity Name WESTLAND VILLAGE CONDOMINIUM ASSOCIATION INC DO NOT WRITE IN THIS SPACE 763577 2. Principal Place of Business 3. Mailing Address 5315 W. 22 CT. 2011 WEST 62 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State Not Applicable 65-0062082 HIALEAH FL HIALEAH FI Country -\$8:75-Additional Country Zip 5. Certificate of Status Desired Fee Required MIAMI DADE MIAMI^TDADE 33016 7. Name and Address of Current Registered Agent HENRY HERNANDEZ DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 2011 West 62 Street IN THIS SPACE 33016 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** Initial or Amended UBR OFFICERS AND DIRECTORS 10. CR2E037B (12/01) TITLE TITLE PD NAME NAME CARDOSO, JUAN 5289 WEST 22nd COURT HIALEAH FL 33016 STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME SOSA, JORGE R STREET ADDRESS STREET ADDRESS 5345 WEST 22nd COURT CITY-ST-ZIP CITY-ST-ZIP HIALEH FL 33016 TITLE NAME NAME CARDOSO, ZOILA STREET ADDRESS STREET ADDRESS 5289 WEST 22nd COURT DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP