

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90457 043 ****61.25

DOCUMENT # 734849

1. Entity Name

WEST FLAGLER HERITAGE NUMBER TWO CONDOMINIUM, IN C.

Principal Place of Business

Mailing Address

131 SW 109 AVE
 MIAMI FL 33174
 US

275 FONTAINBLEAU BLVD
 SUITE 140
 MIAMI FL 33174
 US

000043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

PIQUE, SYLVIA
C/O EXCEL MANAGEMENT ASSOC.
275 FONTAINBLEAU BLVD, SUITE 140
MIAMI FL 33172

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 type="checkbox"/> Delete
NAME	DOMINGUEZ, ALEJANDRO	
STREET ADDRESS	131 SW 109 AVE, #L-8	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GRACIA, DAYSI	
STREET ADDRESS	10851 SW 2 ST, #K-301	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OTERO, GEORGINA	
STREET ADDRESS	130 SW 108 AVE, #J-11	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	DT	<input type="checkbox"/> Delete
NAME	VILCHEZ, ROBERTO	
STREET ADDRESS	10851 SW 2 ST, #K-206	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMAN, DORIS S	
STREET ADDRESS	P.O. BOX 940184	
CITY-ST-ZIP	MIAMI FL 33194-0184	
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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: _____

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #