

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-04-2003 90077 004 ****61.25

DOCUMENT # 725720

1. Entity Name
BEMAR PATIO CONDOMINIUM ASSOCIATION INC



Principal Place of Business
**1100 WEST 35TH STREET
HIALEAH FL 33012**

Mailing Address
**1100 WEST 35TH STREET
HIALEAH FL 33012**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2070941**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code **33012**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rosario Perez* (PRES.)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/28/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**
NAME **RODRIGUEZ, WILFREDO** ☒ Delete
STREET ADDRESS **1100 W 35TH STREET, #11**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D. OMER RODRIGUEZ** ☒ Change ☐ Addition
NAME **D. OMER RODRIGUEZ**
STREET ADDRESS **1100 W. 35ST #5**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **T**
NAME **PEREZ, OILDA** ☐ Delete
STREET ADDRESS **100 W 35ST #13**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D MAYDA PID** ☒ Change ☐ Addition
NAME **D MAYDA PID**
STREET ADDRESS **1100 W. 35ST #6**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **S**
NAME **CERVANTES, ANA D** ☐ Delete
STREET ADDRESS **1100 W 35 ST #2**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D. RANDO HONZAKER** ☒ Change ☐ Addition
NAME **D. RANDO HONZAKER**
STREET ADDRESS **1100 W. 35ST #7**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D**
NAME **MASSANI, ROSARIO** ☐ Delete
STREET ADDRESS **1100 W 35 ST #14**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D NADIA HON HONZAKER** ☒ Change ☐ Addition
NAME **D NADIA HON HONZAKER**
STREET ADDRESS **1100 W. 35ST #10**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **P**
NAME **PEREZ, ROSARIO** ☐ Delete
STREET ADDRESS **1100 WEST 35TH STREET**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D. MARFA LITA HERRERA** ☒ Change ☐ Addition
NAME **D. MARFA LITA HERRERA**
STREET ADDRESS **1100 W. 35ST #21**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D**
NAME **PEREZ, TERESA** ☒ Delete
STREET ADDRESS **1100 W 35 ST #17**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D. GEORGINA LASSO** ☒ Change ☐ Addition
NAME **D. GEORGINA LASSO**
STREET ADDRESS **1100 W. 35ST #2**
CITY-ST-ZIP **HIALEAH FL 33012**

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: *Rosario Perez* **SIGNATURE REQUIRED (P)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

01/28/03
Date

Daytime Phone #

CR2E037 (10/02)