

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90337 033 \*\*\*\*61.25



DOCUMENT # **734849**

Entity Name  
**EST FLAGLER HERITAGE NUMBER TWO CONDOMINIUM, IN**

Principal Place of Business  
**SW 109 AVE  
MI FL 33174**

Mailing Address  
**275 FONTAINBLEAU BLVD  
SUITE 140  
MIAMI FL 33174  
US**

Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
City & State  
4. FEI Number **59-1775204**  
Applied For  
Not Applicable

Zip  
Country  
Zip  
Country  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PIQUE, SYLVIA  
C/O EXCEL MANAGEMENT ASSOC.  
275 FONTAINBLEAU BLVD, SUITE 140  
MIAMI FL 33172**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

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  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-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 Florida Department of State

| OFFICERS AND DIRECTORS                   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-10 |   |
|--|--|---|---|
| LE<br>ME<br>STREET ADDRESS<br>Y- ST- ZIP | PD<br>DOMINGUEZ, ALEJANDRO<br>131 SW 109 AVE, #L-8<br>MIAMI FL 33174<br><input checked="" type="checkbox"/> Delete | TITLE PD<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | Armando A. Penedo<br>13200 SW 38th Ter<br>Miami, FL 33175<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| LE<br>ME<br>STREET ADDRESS<br>Y- ST- ZIP | DV<br>GRACIA, DAYSI<br>10851 SW 2 ST, #K-301<br>MIAMI FL 33174<br><input type="checkbox"/> Delete                  | TITLE DV<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| LE<br>ME<br>STREET ADDRESS<br>Y- ST- ZIP | SD<br>OTERO, GEORGINA<br>130 SW 108 AVE, #J-11<br>MIAMI FL 33174<br><input checked="" type="checkbox"/> Delete     | TITLE SD<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | Laura M. Gomez-Cosio<br>131 SW 109th Ave # L-2<br>Sweetwater, FL 33174<br><input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| LE<br>ME<br>STREET ADDRESS<br>Y- ST- ZIP | DT<br>VILCHEZ, ROBERTO<br>10851 SW 2 ST, #K-206<br>MIAMI FL 33174<br><input type="checkbox"/> Delete               | TITLE DT<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| LE<br>ME<br>STREET ADDRESS<br>Y- ST- ZIP | D<br>ROMAN, DORIS S<br>P.O. BOX 940184<br>MIAMI FL 33194-0184<br><input checked="" type="checkbox"/> Delete        | TITLE D<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP    | Maria, Sierra<br>131 SW 109th Ave # L-9<br>Sweetwater, FL 33174<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| LE<br>ME<br>STREET ADDRESS<br>Y- ST- ZIP | <input type="checkbox"/> Delete  | TITLE D<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP    | Hector, Nunez<br>120 SW 108th Ave # I-4<br>Sweetwater, FL 33174<br><input checked="" type="checkbox"/> Addition                                 |

I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption provided in Section 607.01(2)(b), Florida Statutes. I further certify that the information provided is true and accurate and that my name shall have the same legal effect as if made under oath that I am a registered agent or director of the corporation, and that my name appears in the Florida Business Report as required by Chapter 617, Florida Statutes, and that my name appears in the Florida Business Report as required by Chapter 617, Florida Statutes, and that my name appears in the Florida Business Report as required by Chapter 617, Florida Statutes.

SIGNATURE **Laura Cosio** 4/20/03 305-207-2343

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)