


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

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90140 035 ****61.25

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DOCUMENT # 725576
1. Entity Name
FLAGLER PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **3001 S.W. 2ND STREET APT. 113-C MIAMI FL 33135**
Mailing Address: **3001 S.W. 2ND STREET APT. 113-C MIAMI FL 33135**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____
Zip: _____ Country: _____ Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
BOGIN, VICENTE
160 SW 30 AVENUE
APT #203-A
MIAMI FL 33135

7. Name and Address of New Registered Agent
Name: **SANTIAGO S. ALENARES**
Street Address (P.O. Box Number is Not Acceptable): **145 S.W. 30 COURT APT: 209-B**
City: **MIAMI** FL Zip Code: **33135**

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: Santiago S. Alenares secretary DATE: 7-16-03
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
After September 10, 2003, min will be \$236.25

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	
TITLE: PD NAME: BORGES, ZOE STREET ADDRESS: 3001 SW 2 ST, APT #105-C CITY-ST-ZIP: MIAMI FL 33135	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: SARIOL, ELENA STREET ADDRESS: 160 SW 30 AVENUE, APT 201-A CITY-ST-ZIP: MIAMI FL 33135	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: TORRES, MARIA T STREET ADDRESS: 3001 SW 2ND ST APT 102-C CITY-ST-ZIP: MIAMI FL 33135	<input checked="" type="checkbox"/> Delete
TITLE: VT NAME: AMADOR, JOSEFA M STREET ADDRESS: 3001 SW 2 ST, APT #214-C CITY-ST-ZIP: MIAMI FL 33135	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: BOGIN, VICENTE STREET ADDRESS: 160 SW 30 AVENUE, APT #203-A CITY-ST-ZIP: MIAMI FL 33135	<input checked="" type="checkbox"/> Delete
TITLE: VS NAME: AGENAS, ESPERANZA STREET ADDRESS: 3001 SW 2 ST CITY-ST-ZIP: MIAMI FL 33135	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PRESIDENT NAME: SILVIA M. MORALES STREET ADDRESS: 160 S.W. 30 AVENUE APT: 104-A CITY-ST-ZIP: MIAMI FLORIDA 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VICE-PRESIDENT NAME: BENIGNO R. MUNIZ STREET ADDRESS: 145 S.W. 30 COURT = APT 204-B CITY-ST-ZIP: MIAMI FLORIDA 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TREASURER NAME: JOSE LUIS BANGO STREET ADDRESS: 160 S.W. 30 AVE APT: 205-A CITY-ST-ZIP: MIAMI FLORIDA 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VICE-TREASURER NAME: MARIA ELENA SUARES STREET ADDRESS: 145 S.W. 30 COURT APT. 101-B CITY-ST-ZIP: MIAMI FLORIDA 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SECRETARY NAME: SANTIAGO S. ALENARES STREET ADDRESS: 145 S.W. 30 COURT APT. 210-B CITY-ST-ZIP: MIAMI FLORIDA 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Santiago S. Alenares 7-16-03 (305)643-4827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)