

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728854

1. Entity Name

CASA DEL SOL CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90080 016 ****61.25

Principal Place of Business

1750 W. 46TH ST.
 SUITE 546
 HIALEAH FL 33012
 US

Mailing Address

1750 W. 46TH ST.
 SUITE 546
 HIALEAH FL 33012-2876
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1560240

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, CARLOS
 1750 W. 46TH ST.
 #321
 HIALEAH FL 33012

7. Name and Address of New Registered Agent

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

2-21-00

Signature, typed or printed name of registered agent and time 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VALDES, CARLOS	
STREET ADDRESS	1754 W 46TH ST 321	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DIAZ, ALBERTO	
STREET ADDRESS	1750 W 46TH ST 113	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OLIVEIRA ANTONIO	
STREET ADDRESS	1750 W 46TH ST 486	
CITY-ST-ZIP	HIALEAH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	IGUEZ, OSVALDO	
STREET ADDRESS	1750 W 46TH ST 517	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACOSTO, MIGUEL	
STREET ADDRESS	1750 W 46 ST #231	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIO OLIVEIRA	
STREET ADDRESS	1750 W 46ST #406	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESUS ARTEAGA	
STREET ADDRESS	1750 W 46ST 506	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, OSVALDO	
STREET ADDRESS	1750 W. 46ST. AP. 517	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00 305-5588802

Date

Daytime Phone #

CR2E037 (9/99)