

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90005 035 \*\*\*\*61.25

**DOCUMENT # 728854**

1. Entity Name

**CASA DEL SOL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

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

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

**59-1560240**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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           | VALDES, CARLOS       |                                 |
| STREET ADDRESS | 1754 W 46TH ST 321   |                                 |
| CITY-ST-ZIP    | HIALEAH FL           |                                 |
| TITLE          | SD                   | <input type="checkbox"/> Delete |
| NAME           | ARTEAGA, JESUS       |                                 |
| STREET ADDRESS | 1750 W 46 ST #506    |                                 |
| CITY-ST-ZIP    | HIALEAH FL 33012     |                                 |
| TITLE          | VD                   | <input type="checkbox"/> Delete |
| NAME           | OLVEIRA, ANTONIO     |                                 |
| STREET ADDRESS | 1750 W 46TH ST 406   |                                 |
| CITY-ST-ZIP    | HIALEAH FL 33012     |                                 |
| TITLE          | T                    | <input type="checkbox"/> Delete |
| NAME           | ARUJO, CARLOS        |                                 |
| STREET ADDRESS | 1750 W 46 ST APT 533 |                                 |
| CITY-ST-ZIP    | HIALEAH FL 33012     |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | VARERA, MANUEL       |                                 |
| STREET ADDRESS | 1750 W 46 ST APT 418 |                                 |
| CITY-ST-ZIP    | HIALEAH FL 33012     |                                 |
| 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 |
| 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 |
| 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 empowered.

SIGNATURE:

*Signature*  
 SIGNED

1-8-02

305-5588802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)