

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90169 033 ****61.25

DOCUMENT # 729722

1. Entity Name

THE IMPERIAL TERRACES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O THE TIMBERLAKE GROUP Management
 5050 NW 74TH AVE
 MIAMI FL 33166
 US

5050 NW 74TH AVE
 STE 1212
 MIAMI FL 33166
 US

2. Principal Place of Business

3. Mailing Address

6501 NW 36th Street
 Suite, Apt. #, etc.
 Ste 385

Suite, Apt. #, etc.
 Ste 1102

City & State

City & State

Miami, FL

Coral Gables, FL

Zip

Country

Zip

Country

33146

US

33134

US

4. FEI Number

59-1603328

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

ROBERT A DUGGER
 5050 NW 74TH AVE
 APT 1212
 MIAMI FL 33166

Name

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

City

Law Offices of Sigfried, Rivera et al.
 201 Alhambra Circle
 Ste 1102
 Coral Gables, FL 33134

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

HELIO DE LA TORRE

4/16/02

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
 NAME GOMEZ, SANTIAGO
 STREET ADDRESS 1825 W 44TH PLACE, #1107
 CITY-ST-ZIP HIALEAH FL 33012

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD
 NAME JACINTO ESTRAVIT
 STREET ADDRESS 1825 W 44TH PL APT 1111
 CITY-ST-ZIP HIALEAH FL 33012

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD
 NAME ELISA, GOMILA
 STREET ADDRESS 1825 W 44TH PL APT 703
 CITY-ST-ZIP HIALEAH FL 33012

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME RAMIREZ, ANA
 STREET ADDRESS 1825 W. 44TH. PLACE #710
 CITY-ST-ZIP HIALEAH FL 33012

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD
 NAME DIAZ, PABLO
 STREET ADDRESS 1825 W 44TH PLACE, #1005
 CITY-ST-ZIP HIALEAH FL 33012

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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 another like empowered.

SIGNATURE:

SANTIAGO GOMEZ PRESIDENT 4/18/02 (305) 492-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

CR2E037 (9/01)