

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90033 043 \*\*\*\*61.25

**DOCUMENT # 733364**

1. Entity Name

**4011 PROFESSIONAL CENTER CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

%CENTRUST REALTY, INC  
 4011 W FLAGLER ST. SUITE 404  
 MIAMI FL 33134  
 US

%CENTRUST REALTY INC  
 4011 W FLAGLER ST STE 404  
 MIAMI FL 33134  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1652669**

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

7. Name and Address of New Registered Agent

VELASCO, ROLANDO  
 4011 W FLAGLER ST  
 404  
 MIAMI FL 33134

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 ☐ Delete  
 NAME **D**  
 VALENCIA, NELLY  
 STREET ADDRESS **4011 W FLAGLER ST 203**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 EDUARDO BELTRAN  
 STREET ADDRESS **4011 W FLAGLER ST #301**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Delete  
 NAME **TD**  
 REYES, ORLANDO E.  
 STREET ADDRESS **4011 W FLAGLER ST. #504**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 CHARLIE COX  
 STREET ADDRESS **4011 W FLAGLER ST #405**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Delete  
 NAME **D**  
 VELASCO, ROLANDO  
 STREET ADDRESS **4011 W FLAGLER ST #404**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VPD**  
 BATATNEH, YASSER T  
 STREET ADDRESS **4011 W FLAGLER ST #205**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition  
 NAME **VPD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **D**  
 ARMADA, JORGE  
 STREET ADDRESS **4011 W FLAGLER ST 505**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 GUERRA, EDY A  
 STREET ADDRESS **4011 W FLAGLER ST., # 506**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition  
 NAME **VPD**  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

02-12-2002

(305) 649-1112

Date

Daytime Phone #

CR2E037 (9/01)