

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 734628 *Amended*  
**1. Entity Name** PARKWOOD CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Dec 06, 2000 8:00 A.M.**  
**Secretary of State**

**Principal Place of Business** 17250 NE 19th Ave.  
 North Miami Beach  
 FL 33162  
**Mailing Address** 17250 NE 19th Ave.  
 North Miami Beach  
 FL. 33162

**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  
 07/25/00 90100 044 61-25  
**4. FEI Number** 59-1465545  
 Applied For Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 MJB MANAGEMENT SERVICES, INC.  
 17250 NE 19th Ave  
 North Miami Beach, FL. 33162

**7. Name and Address of New Registered Agent**  
 Name: MJB MANAGEMENT SERVICES, INC.  
 Street Address (P.O. Box Number is Not Acceptable): 17250 NE 19th Ave  
 City: North Miami Beach FL Zip Code: 33162

**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: *Aleida Rodriguez* Agent for Assoc. 10-1-00 LS  
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**

TITLE NAME	PD <del>Of</del> edo Alfonso <input checked="" type="checkbox"/> XXXXXXXX
STREET ADDRESS	9240 Fontainebleau Blvd # 504
CITY-ST-ZIP	Miami, Fl. 33172
TITLE NAME	SD Rodriguez Sara <input type="checkbox"/> Delete
STREET ADDRESS	9280 Fontainebleau Blvd # 404
CITY-ST-ZIP	Miami, Fl. 33172
TITLE NAME	TD Disel <del>de</del> Abel <input checked="" type="checkbox"/> XXXXXXXX
STREET ADDRESS	9250 Fontainebleau Blvd # 209
CITY-ST-ZIP	Miami, Fl. 33172
TITLE NAME	VD Saavedra Francisco <input type="checkbox"/> Delete
STREET ADDRESS	9270 Fontainebleau Blvd # 401
CITY-ST-ZIP	Miami, Fl. 33172
TITLE NAME	DD Villa Lidia <input type="checkbox"/> Delete
STREET ADDRESS	9280 Fontainebleau Blvd # 401
CITY-ST-ZIP	Miami, Fl. 33172
TITLE NAME	DD Guemes Miriam <input type="checkbox"/> Delete
STREET ADDRESS	9270 Fontainebleau Blvd # 304
CITY-ST-ZIP	Miami, Fl. 33172

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	PD Sanchez Sergio <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9180 Fontainebleau Blvd # 406
CITY-ST-ZIP	Miami, Fl. 33172
TITLE NAME	SD Rodriguez Sara <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9280 Fontainebleau Blvd # 404
CITY-ST-ZIP	miami, Fl. 33172
TITLE NAME	TD Rodriguez Aleida <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9220 Fontainebleau Blvd # 104
CITY-ST-ZIP	Miami Fl. 33172
TITLE NAME	VD Saavedra Francisco <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9270 Fontainebleau Blvd # 401
CITY-ST-ZIP	Miami, Fl. 33172
TITLE NAME	DD Bongochea Josefa L. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9270 Fontainebleau Blvd # 302
CITY-ST-ZIP	Miami, Fl. 33172
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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:** *Aleida Rodriguez* Aleida Rodriguez 305-940-8795  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)