

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734849

1. Entity Name

WEST FLAGLER HERITAGE NUMBER TWO CONDOMINIUM, IN

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90009 019 \*\*\*\*61.25

|                                                   |                                                         |
|---------------------------------------------------|---------------------------------------------------------|
| Principal Place of Business                       | Mailing Address                                         |
| 131 SW 109 AVE<br>STE L-9<br>MIAMI FL 33174<br>US | 400 SW 107 AVE<br>STE #312<br>MIAMI FL 33174-8400<br>US |



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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                                                                            | Applied For    |
| 59-1775204                                                                               | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                |

|                                                              |                                                                                |
|--------------------------------------------------------------|--------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent              | 7. Name and Address of New Registered Agent                                    |
| SIERRA, MARIA<br>131 SW 109 AVE<br>STE L-9<br>MIAMI FL 33174 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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]* DATE *2/29/2000*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|                             |                                                                                                              |                                           |
|-----------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SIERRA, MARIA<br>131 S.W. 109TH AVENUE, #L-9<br>MIAMI, FL 00000 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MUNOZ, MIGUEL E<br>131 SW 109 AVE, STE L-4<br>MIAMI FL <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VILCHES, ROBERTO<br>130 SW 108 AVE, #J-10<br>MIAMI FL <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>HERNANDEZ, IRENE<br>120 S.W. 108TH AVENUE, #1-4<br>MIAMI FL <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>OTERO, GEORGINA<br>130 SW 108TH AVE, J-11<br>MIAMI FL <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PENEDO, ARMANDO<br>13220 SW 38TH TERRACE<br>MIAMI FL 33175 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]* Maria Sierra 2/29/2000 (305) 220-5684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)