AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734849

1. Entity Name

WEST FLAGLER HERITAGE NUMBER TWO CONDOMINIUM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 20 PM 4:10

100004560591---1
-08/28/01--01093--018
*****61.25 *****61.25

Principal Place of Business	Mailing Address
131 SW 109Ave. MIAMI, FL. 33174	275 FONTAINBLEAU BLVD. SUITE 140 MIAMI,FL. 33174

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 59-1775204 ☐ 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
SIERRA,MARIA 131 SW 109Ave. STE L-9 MIAMI,FL.33174	Name: SYLVIA PIQUE C/O EXCEL MANAGEMENT ASSOC. Street Address (P.O. Box Number is Not Acceptable): 275 FONTAINBLEAU BLVD.SUITE 140 City: MIAMI FL Zip Code: 33172

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: Sylvia Pique, As agent for the Association 8/14/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIERRA,MARIA 131 SW 109 Ave.,#L-9 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALEJANDRO DOMINGUEZ 131 SW 109 Ave.,#L-8 MIAMI,FL. 33174 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MUNOZ,MIGUEL E 131 SW 109 Ave.,#L-4 MIAMI,FL. 33174 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAYSI GRACIA 10851 SW 2St.,# K-301 MIAMI, FL. 33174 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HERNANDEZ,IRENE 120 SW 108 Ave.,#I-4 MIAMI,FL.33174 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GEORGINA OTERO 130 SW 108 Ave.,#J-11 MIAMI,FL. 33174 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OTERO GEORGINA 130 SW 108 Ave.,#J-11 MIAMI, FL. 33174 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ROBERTO VILCHEZ 10851 SW 2St.,#K-206 MIAMI, FL. 33174 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENEDO,ARMANDO 13220 SW 38 Terrace MIAMI, FL. 33175 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORIS SAN ROMAN P.O.BOX 940184 MIAMI,FL. 33194-0184 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: Armando E. Gonzalez 08-10-01 (305) 559-4107
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #