

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741548

1. Entity Name

WOODCREEK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1801 N.E. 140TH STREET
NORTH MIAMI FL 33181
US

Mailing Address

1801 N.E. 140TH STREET
NORTH MIAMI FL 33181
US

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

59-1855930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, RAY
1801 N.E. 140TH STREET
#213
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

SMITH, RAY

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

1801 N.E. 140TH ST # 306

City

North Miami

FL

Zip Code

33181

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

TITLE: VP ☐ Delete
NAME: SMITH, RAY
STREET ADDRESS: 1801 N.E. 140TH STREET #306
CITY-ST-ZIP: NORTH MIAMI FL 33181

TITLE: VPD ☐ Delete
NAME: AVENDAVO, GUILLERMO
STREET ADDRESS: 1801 N.E. 140TH STREET #301
CITY-ST-ZIP: NORTH MIAMI FL 33181

TITLE: D ☐ Delete
NAME: AVENDANO, LILIA
STREET ADDRESS: 1801 N E 140TH ST 301
CITY-ST-ZIP: MIAMI FL 33181

TITLE: D ☐ Delete
NAME: OTALONA, WILLIAM
STREET ADDRESS: 1801 NE 140TH ST 301
CITY-ST-ZIP: MIAMI FL 33181

TITLE: T ☐ Delete
NAME: SMITH, MARVELLA
STREET ADDRESS: 1801 NE 140ST #306
CITY-ST-ZIP: MIAMI FL 33181

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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TITLE: ☐ Change ☐ Addition
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 a power like empowered.

SIGNATURE:

SIGNATURE REQUIRED

GUILLERMO AVENDANO

1/20/02

305-891-6675

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE