

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90027 022 *****70.00

DOCUMENT # 743020

1. Entity Name

WESTLAND MANORS EAST CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**6620 W. 2ND CT
OFFICE
HIALEAH FL 33012**

**1957 W 60 STREET
HIALEAH FL 33012**

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

59-1880951

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

**TERRA MANAGEMENT
1957 W 60 STREET
HIALEAH FL 33012**

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 **PD**
STREET ADDRESS **RIVERA, SONIA SOTO**
CITY-ST-ZIP **6620 W. 2ND CT #109
HIALEAH FL 33012**

TITLE ☐ Change ☐ Addition
NAME **PD**
STREET ADDRESS **ANGELINA ALMAYOR**
CITY-ST-ZIP **6620 W 2ND CT #201
HIALEAH FL 33012**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **GARCIA, ELVIRA**
CITY-ST-ZIP **6620 W 2 CT #110
HIALEAH FL 33012**

TITLE ☐ Change ☐ Addition
NAME **VPD**
STREET ADDRESS **GARCIA, ELVIRA**
CITY-ST-ZIP **6620 W 2ND COURT #110
HIALEAH FL 33012**

TITLE ☐ Delete
NAME **TT**
STREET ADDRESS **GARCIA, OLGA**
CITY-ST-ZIP **6620 W 2 CT #1118
HIALEAH FL 33012**

TITLE ☐ Change ☐ Addition
NAME **TD**
STREET ADDRESS **GARCIA, OLGA**
CITY-ST-ZIP **6620 W. 2ND COURT #118
HIALEAH FLORIDA 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **ST**
STREET ADDRESS **MONTERO MARIA**
CITY-ST-ZIP **6620 W 2ND COURT #108
HIALEAH, FLORIDA 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **VALDEZ FROILANZA**
CITY-ST-ZIP **6620 W 2ND COURT #407
HIALEAH, FLORIDA 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

COGNITIVE RECORD GARCIA

01/15/2002

305-556-2698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)