

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746209

1. Entity Name

WESTLANDIA CONDOMINIUM ASSOCIATION INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90094 023 ****61.25

Principal Place of Business

Mailing Address

% PMS CORPORATION
8299 CORAL WAY
MIAMI FL 33155

% PMS CORPORATION
8299 CORAL WAY
MIAMI FL 33134-4200

2. Principal Place of Business

3. Mailing Address

c/o SPM Group Inc
Suite, Apt. #, etc.
2500 NW 97 ave #200

c/o SPM Group Inc
Suite, Apt. #, etc.
2500 NW 97 ave #200

City & State

Miami, FL

City & State

Miami, FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

59-2169277

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

P.M.S. CORP.
8299 CORAL WAY
MIAMI FL 33155

Name SPM Group, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2500 NW 97 ave #200

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

Hugo A. Espinoza
Hugo A. ESPINOZA

2/22/00
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	VPSD TORRES, PEDRO 3992 W 8TH LN HIALEAH FL 33012	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORTEGA, JESUS 819 WEST 41 STREET HIALEAH FL 33012	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, CARMEN 3992 WEST 8TH LANE HIALEAH FL 33012	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Andrea Lopez, 845 W 41st Hialeah, FL 33012	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Tatsuta, Bertha 824 W 41st Hialeah, FL 33012	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jimenez, Marco A. 828 W 41st Hialeah, FL 33012	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Giraldo, Mydia M. 836 W 41st Hialeah, FL 33012	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rios, Martha C. 3980 W 8Ln Hialeah, FL 33012	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rodriguez, Ana 3984 W 8Ln	☐ Change ☒ 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:

Carmen I. Torres
CARMEN I. TORRES 2/22/00 (305) 444-6757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)