

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746209

1. Entity Name

WESTLANDIA CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

Mailing Address

% SPM GROUP INC
2500 NW 97 AVE #200
MIAMI FL 33172

% SPM GROUP INC
2500 NW 97 AVE #200
MIAMI FL 33172

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

59-2169277

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

SPM GROUP, INC.
2500 NW 97 AVE #200
MIAMI FL 33172

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
NAME PD
STREET ADDRESS TORRES, CARMEN
CITY-ST-ZIP 3992 WEST 8TH LANE
HIALEAH FL 33012 ☐ Delete

TITLE
NAME SD
STREET ADDRESS Castro, Manuel
CITY-ST-ZIP 4066 W 8th
Hialeah, FL 33012 ☐ Change ☒ Addition

TITLE
NAME VPD
STREET ADDRESS LOPEZ, ANDREA
CITY-ST-ZIP 845 W 41ST
HIALEAH FL 33012 ☐ Delete

TITLE
NAME D
STREET ADDRESS Rodriguez, Ana
CITY-ST-ZIP 3984 W 8th
Hialeah, FL 33012 ☐ Change ☒ Addition

TITLE
NAME TD
STREET ADDRESS TATSUTA, BERTHA
CITY-ST-ZIP 824 W 41 ST
HIALEAH FL 33012 ☐ Delete

TITLE
NAME D
STREET ADDRESS Rios, Martha
CITY-ST-ZIP 3980 W 8th
Hialeah, FL 33012 ☐ Change ☒ Addition

TITLE
NAME SD
STREET ADDRESS JIMENEZ, MARCO A
CITY-ST-ZIP 828 W 41ST
HIALEAH FL 33012 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90071 022 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)