

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90214 040 \*\*\*\*61.25

**DOCUMENT # 746451**

1. Entity Name

**SOUTH LAKE VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% BCT MANAGEMENT INC  
 8357 W FLAGLER ST PMB #352  
 MIAMI FL 33144

% BCT MANAGEMENT INC  
 8357 W FLAGLER ST PMB #352  
 MIAMI FL 33144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1985832**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CANEJO, MARIA A**  
**8511 NW 8 STREET #111**  
**MIAMI FL 33126**

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 STAUMP, CHARLES**  
 STREET ADDRESS **8435 SE 156 CT #1020**  
 CITY-ST-ZIP **MIAMI FL 33193 CT**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD BETANCOURT, JOHN**  
 STREET ADDRESS **15685 SW 84 TERR. #803**  
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD CASTRO, MERY L**  
 STREET ADDRESS **8465 SW 156 PL. #507**  
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD MANNES, JUDY**  
 STREET ADDRESS **15675 SW 84 TERR #902**  
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D JURADO, DANIA**  
 STREET ADDRESS **8470 SW 156 CT #204**  
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D GOMEZ, FRANCISCO**  
 STREET ADDRESS **8470 SW 156 CT #205**  
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE  Change  Addition  
 NAME **D Jose MARTINEZ**  
 STREET ADDRESS **8485 SW 156 PL. #105**  
 CITY-ST-ZIP **MIAMI, FL. 33193**

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 REQUIRED**

**02/01/01 (305) 262-1123**

CR2E037 (10/00)