

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90214 030 \*\*\*\*70.00

**947921**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # 747594**  
 1. Entity Name  
**PINE LAKE VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address

2. Principal Place of Business  
**Courtesy Property Mgt.**  
 Suite, Apt. #, etc.  
**13250 SW 135 Avenue**  
 City & State  
**Miami, Florida**  
 Zip  
**33186** Country

3. Mailing Address  
**Same as Principal**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**59-2023111** 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  
 Name  
**David R. Slaton, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**21 SE 1st Avenue**  
**Suite 820**  
 City  
**Miami, FL** Zip Code  
**33131**

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 *David R. Slaton* **David R. Slaton** **3/23/00**  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>Rodriguez, Oreste</b> <b>8879 A Fontainebleau Blvd. #101</b> <b>Miami, Fl. 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete <b>Oliva, Lourdes</b> <b>8881A Fontainebleau Blvd. #307</b> <b>Miami, Fl. 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete <b>Rodriguez, Daniel</b> <b>8873A Fontainebleau Blvd. #208</b> <b>Miami, Fl. 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>Mederos, Esther</b> <b>8873B Fontainebleau Blvd. #205</b> <b>Miami, Fl. 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>Gonzalez, Regina</b> <b>8879B Fontainebleau Blvd. #103</b> <b>Miami, Fl. 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *David R. Slaton* **David R. Slaton - PRES.** **4-12-00** **305-620-8989**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)