

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

03-09-2001 90482 015 \*\*\*\*61.25

0003475

**DOCUMENT # 747969**

1. Entity Name

**LAS PALMAS CONDOMINIUM NO. 9/10 ASSOCIATION, INC**

Principal Place of Business

Mailing Address

1512 S.W. 104 AVE.  
 MIAMI FL 33174  
 US

1512 S.W. 104 AVE.  
 MIAMI FL 33174  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0336449**

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

**CAMPELLO, MORAIMA Y.**  
**1512 S.W. 104 AVENUE**  
**MIAMI FL 33174-2770**

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	PTD	<input type="checkbox"/> Delete
NAME	CAMPELLO, MORAIMA Y	
STREET ADDRESS	1512 S.W. 104 AVENUE	
CITY-ST-ZIP	MIAMI FL 33174-2770	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSE	
STREET ADDRESS	1510 SW 104 AVE	
CITY-ST-ZIP	MIAMI FL 33174-2770	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, PETRONILA	
STREET ADDRESS	1510 SW 104 AVE	
CITY-ST-ZIP	MIAMI FL 33174-2770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *MORAIMA Y. CAMPELLO*  
*Moraima Y. Campello* March 5<sup>th</sup> / 2001 305-551-2262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)