

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 01, 2001 8:00 am
Secretary of State

01-31-2001 90190 031 ****61.25

DOCUMENT # 751349

1. Entity Name

SUNSET EAST VILLAS CONDOMINIUM NO. 204 ASSOCIATI

Principal Place of Business

**6853 SOUTHWEST 132 AVENUE
MIAMI FL 33183**

Mailing Address

**6853 SOUTHWEST 132 AVENUE
MIAMI FL 33183**

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

NOT APPLICABLE

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

**GONZALEZ, YOLANDA E.
6853 S.W. 132ND AVENUE
MIAMI FL 33183**

Name

CARLOS V. BOLIVAR
Street Address (P.O. Box Number is Not Acceptable)**6853 SOUTHWEST 132 AVENUE**

City

MIAMI**FL**Zip Code
33183

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

CARLOS V. BOLIVAR, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/00 1/3/01**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 **PD** ☐ Delete
NAME **GONZALEZ, YOLANDA E.**
STREET ADDRESS **6853 S.W. 132ND AVE.**
CITY-ST-ZIP **MIAMI FL 33183**TITLE **PD** ☒ Change ☐ Addition
NAME **CARLOS V. BOLIVAR**
STREET ADDRESS **6853 SOUTHWEST 132 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33183**TITLE **VPO** ☐ Delete
NAME **NUNEZ, LUIS**
STREET ADDRESS **6853 S.W. 132ND AVE.**
CITY-ST-ZIP **MIAMI FL 33183**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **NUNEZ, SILVIA**
STREET ADDRESS **6853 S.W. 132ND AVE.**
CITY-ST-ZIP **MIAMI FL 33183**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/01 (305) 826 5885

CR2E037 (10/00)