2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 752531 Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** : TIERRA DEL SOL CONDOMINIUM ASSOCIATION, INC. 01-20-2000 90165 028 ****61.25 Mailing Address Principal Place of Business 6625 W. 4TH AVENUE 6625 W. 4TH AVENUE HIALEAH FL 33012 HIALEAH FL 33012-6677 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2151806 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ERCE DES Street Address (P.O. Box Number is Not Acceptable) MILANES, DOLORES 6625 W 4TH AVE #203 HIALEAH FL 33012 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. (il an SIGNATURE Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. . PRESIDENT PD TITLE TITLE 🔀 Delete -MERCEDES PLA MILANES, DOLORES NAME NAME 6625W. 4 = AVE \$100 STREET ADDRESS STREET ADDRESS 6625 W 4TH AVE #203 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change ☐ Delete TITLE TITLE ŒΠ NAME NAME PEREZ, GERARDO STREET ADDRESS STREET ADDRESS 6625 W. 4TH AVE APT #114 CITY-ST-ZIP City-St-ZiF HIALEAH FL VICE PRESIDENT Change - Addition Delete TITLE TITLE VD. ANA GONZAIRZ 6625 W. 44 AVE # 219 NAME NAME POSADA, ALBERTO STREET ADDRESS STREET ADDRESS 6625 W 4TH AVE #110 HIA/eAL- F/A 33012 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL SECRETARY Change Addition TITLE . Delete TITI F MARIANA RONSAND NAME NAME 6625 W. 44 NE #229 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIAleAL-FIA 33012 VICE TREASURER ☐ Change ☐ Delete ▼ Addition TITLE FABIAN MARRERO JR. NAME NAME STREET ADDRESS 6625 W. 44 AU€ #215 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP F/A 330/2 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

NTED NAME OF SIGNING OFFICER OR DIRECTOR

2000

Daytime Phone #