

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **753294**

1. Entity Name

**TROPICAL PARK VILLAS CONDOMINIUM ASSOCIATION, IN**

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90056 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3819 S.W. 82ND AVE. CLUBHOUSE MIAMI FL 33155</b>	Mailing Address <b>3819 S.W. 82ND AVE. CLUBHOUSE MIAMI FL 33155-6707</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-2265325</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LORENZO, JOSE</b> <b>3813 S W 82ND AVENUE #35</b> <b>MIAMI FL 33155</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LORENZO, JOSE</b> <b>3813 S W 82ND AVENUE #35</b> <b>MIAMI FL 33155</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SANTAMARIA, INDIENTE</b> <b>3805 S W 82ND AVENUE #11</b> <b>MIAMI FL 33155</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD JOSE-UMANA</b> <b>3811 SW 82 AVE # 26</b> <b>MIAMI FL 33155</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ABELLA, LUIS</b> <b>3810 S W 79TH AVENUE #61</b> <b>MIAMI FL 33155</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD CASTILLO, GLORIA</b> <b>3810 S W 82ND AVENUE #6</b> <b>MIAMI FL 33155</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD IRMA MARINO</b> <b>3804 SW 79 AVE # 75</b> <b>MIAMI FL 33155</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SOTO, MANUEL</b> <b>3822 S W 79TH AVENUE #104</b> <b>MIAMI FL 33155</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD LARREA, GUSTAVO</b> <b>3800 S W 79TH AVENUE #127</b> <b>MIAMI FL 33155</b> <input checked="" type="checkbox"/> Delete	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: SIGNATURE REQUIRED Date: 3-24-00 Daytime Phone #: 305 264 4334

ICR2E037 (9/99)