

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90186 028 ****61.25

DOCUMENT # 753673

1. Entity Name

THE WESTLAND CONDOMINIUM ASSOC., INC.

Principal Place of Business

Mailing Address

C/O TPS MANAGEMENT
 P.O. BOX 661554
 MIAMI SPRINGS FL 33266

C/O TPS MANAGEMENT
 P.O. BOX 661554
 MIAMI SPRINGS FL 33266

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

59-2299731

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE #1102
CORAL GABLES FL 33134

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MESA, ORESTES	
STREET ADDRESS	1800 W 54TH STREET #302	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MANCINI, VICTOR	
STREET ADDRESS	1800 W 54TH STREET #418	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROCA, MARIO	
STREET ADDRESS	1800 W 54TH STREET #222	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, GIRALDO	
STREET ADDRESS	1800 W 54TH STREET #310	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASTO, JESUS	
STREET ADDRESS	1800 W 54TH STREET #318	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEL LLANO, JORGE	
STREET ADDRESS	1800 W 54TH STREET #203	
CITY-ST-ZIP	HIALEAH FL 33012	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlos Alfaro	
STREET ADDRESS	1800 W 54th Street #309	
CITY-ST-ZIP	Hialeah, FL. 33012	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juan Hernandez	
STREET ADDRESS	1800 W 54th Street #315	
CITY-ST-ZIP	Hialeah, FL. 33012	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Caicedo Perurena	
STREET ADDRESS	1800 W 54th Street #314	
CITY-ST-ZIP	Hialeah, FL. 33012	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secundino Diaz	
STREET ADDRESS	1800 W 54th Street #321	
CITY-ST-ZIP	Hialeah, FL. 33012	
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: Carlos Alfaro **3-6-02** 305-593-2295
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone #

CR2E037 (9/01)