

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 04, 2000 8:00 am
Secretary of State

03-06-2000 90122 007 ****61.25

DOCUMENT# **754213**

1. Entity Name
Paseos Castellanos Condominium Association, INC

Principal Place of Business Mailing Address ✓
1651 S.W. 122 Ct C-106
MIAMI FL, 33175

2. Principal Place of Business 3. Mailing Address
12214 S.W. 17 Lane **P.O. Box 65-2523**
 Suite, Apt. #, etc. **H-105** Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **MIAMI FL** City & State **MIAMI FL** 4. FEI Number **59-2031391** Applied For Not Applicable

Zip **33175** Country **USA** Zip **33265-2523** Country **USA** 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

~~BRITO CHARLES L~~ Name **ALVARO MOLINA**
~~1651 S.W. 122 Ct C-106~~ Street Address (P.O. Box Number is Not Acceptable)
~~MIAMI FL, 33175~~ **12214 S.W. 17 Lane H-105**
 City **MIAMI** FL Zip Code **33175**

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 **ALVARO MOLINA**  DATE **2-29-2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

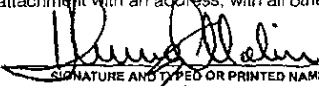
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITO CHARLES L		NAME	ALVARO MOLINA	
STREET ADDRESS	1651 S.W. 122 CT C-106		STREET ADDRESS	12214 S.W. 17 LN H-105	
CITY-ST-ZIP	MIAMI FL, 33175		CITY-ST-ZIP	MIAMI FL, 33175	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS JIMENO		NAME	GRACIELA GIMENEZ	
STREET ADDRESS	1770 S.W. 122CT F106		STREET ADDRESS	12217 S.W. 16 TERR B-103	
CITY-ST-ZIP	MIAMI FL, 33175		CITY-ST-ZIP	MIAMI FL, 33175	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES Isabel		NAME	MINERVA MUÑIZ	
STREET ADDRESS	12214 S.W. 17 LN H-105		STREET ADDRESS	12218 S.W. 16 TERR D-102	
CITY-ST-ZIP	MIAMI FL, 33175		CITY-ST-ZIP	MIAMI FL, 33175	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	S LAURA VARGAS	
STREET ADDRESS			STREET ADDRESS	12218 S.W. 16 TERR D-106	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL, 33175	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	ST CARLOS GONZALEZ	
STREET ADDRESS			STREET ADDRESS	12214 SW 17 LN H-101	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL, 33175	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (9/99)

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:  **ALVARO MOLINA** DATE **2-29-2000** DAYTIME PHONE # **(305) 220-6730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR