

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 17, 2003 8:00 am
Secretary of State

17

01-21-2003 90166 013 ****61.25

DOCUMENT # 754213

1. Entity Name
PASEOS CASTELLANOS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1770 SW 122 COURT
SUITE F-101
MIAMI FL 33175
US**

Mailing Address
**PO BOX 652523
MIAMI FL 33265-2523
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 652523
Suite, Apt. #, etc.

City & State
Miami

4. FEI Number **59-2031391**

Applied For
 Not Applicable

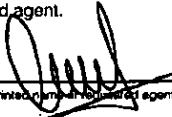
Zip Country Zip Country
33175 US Fla 33265

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**KANASHIRO, JESSICA
1770 SW 122ND COURT
SUITE F-101
MIAMI FL 33175**

7. Name and Address of New Registered Agent
Name **JESSICA KANASHIRO**
Street Address (P.O. Box Number is Not Acceptable)
**1770 SW 122 COURT
F-101**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **1/16/03**

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	IZQUIERDO, CELIA	
STREET ADDRESS	12205 SW 16 TERRACE A-108	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KANASHIRO, JESSICA	
STREET ADDRESS	1770 SW 122 COURT, F-101	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOLINA, LUZ M	
STREET ADDRESS	12218 SW 161 TERR, H-102	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	ACUNO, ERICK	
STREET ADDRESS	12218 SW 16 TERR, D-101	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	S	<input type="checkbox"/> Delete
NAME	TERRON, ADRIANA	
STREET ADDRESS	1770 SW 122 COURT, F-107	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNA A. RODRIGUEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1651 SW 122 Ct. C-108	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **SIGNATURE REQUIRED**  **1/13/03** (305) 260 2599 ext. 130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)