

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90005 012 \*\*\*\*61.25

**DOCUMENT # 755111**

1. Entity Name

**PARK WEST ASSOCIATION, INC.**

Principal Place of Business

~~247 MALAGA AVE~~  
~~CORAL GABLES FL 33134~~  
~~US~~

Mailing Address

~~247 MALAGA AVE~~  
~~CORAL GABLES FL 33134-6708~~  
~~US~~

2. Principal Place of Business

*2159 CORAL WAY*

Suite, Apt., #, etc.

*910 HEMISPHERE NAT'L BANK*

*MIAMI FL*

*33145 USA*

3. Mailing Address

*2159 CORAL WAY*

Suite, Apt., #, etc.

*910 HEMISPHERE NAT'L BANK*

*MIAMI FL*

*33145 USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0138244**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

~~LEHOR, GEORGE~~  
~~6910 SUNRISE COURT~~  
~~CORAL GABLES FL 33133~~

*ANTONIO ALONSO*  
*HEMISPHERE NAT'L BANK*  
*2159 CORAL WAY*  
*MIAMI FL 33145*

7. Name and Address of New Registered Agent

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 and printed name of registered agent and date 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEHOR, GEORGE	
STREET ADDRESS	6910 SUNRISE COURT	
CITY-ST-ZIP	CORAL GABLES, FL 0	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	RUWITCH, LEE	
STREET ADDRESS	1101 BRICKELL AVE #800	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALONSO, TONY (ANTONIO)	Treasurer
STREET ADDRESS	96 NE 2ND AVENUE	Director
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROUNSAVILLE, ROYCE	Secretary
STREET ADDRESS	901 NE 2ND AVE.	Director
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	JUSTO MAYO	<input type="checkbox"/> Delete
NAME	21 NE 9 ST.	President
STREET ADDRESS	MIAMI FL 33132	Director
CITY-ST-ZIP		
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		
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/00* (305) 856-5600  
 Date Daytime Phone #

CR2E037 (9/99)