

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

DOCUMENT # 155238
Entity Name
New West Condominium Association, Inc.



FILED

03 DEC -3 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

REINSTATEMENT

03

4. FEI Number
59-223 8560
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Steven Lachterman
Street Address (P.O. Box Number is Not Acceptable)
848 Brickell Avenue, Suite 750
Miami, Florida 33131

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 Steven Lachterman
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 11/25/03

**FEE IS \$61.25
Initial or Amended UBR**
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees
**Make Check Payable to
Florida Department of State**

1. OFFICERS AND DIRECTORS	
NAME P Jorge O'Farrill 275 Fontainebleau Blvd. #200 Miami FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME VP Aldo Regalado 275 Fontainebleau Blvd. #200 Miami FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME T/D Leonardo Santos 275 Fontainebleau Blvd #200 Miami, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME S/D TERESA DE LA BARRA 275 Fontainebleau Blvd. #200 Miami FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME Assistant Treasurer Diosdado Montalvan 275 Fontainebleau Blvd #200 Miami FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 on an attachment with an address, with all other like empowerments.

SIGNATURE: Jorge O'Farrill
President
305-377-7071

CR2E037B (12/02)