

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 an  
Secretary of State

02-07-2000 90040 028 \*\*\*\*61.25

DOCUMENT # 755575

1. Entity Name

THE HORIZONS WEST CONDOMINIUM NO. 1 ASSOCIATION,

Principal Place of Business

Mailing Address

13250 SW 135 AVE  
MIAMI FL 33186

13250 SW 135 AVE  
MIAMI FL 33186-6489  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 221

# 221

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33183

DADE

33183

DADE

4. FEI Number

59-2066758

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MORA, REINA

8400 SW 133 AVENUE ROAD, #221

MIAMI FL 33183

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 ☐ Delete  
NAME MORA, REINA  
STREET ADDRESS 8400 SW 133RD AVE RD #221  
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TSD ☐ Delete  
NAME GUASCH, CARMEN  
STREET ADDRESS 8400 SW 133RD AVE RD #412  
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GITTO, MARY  
STREET ADDRESS 8400 SW 133RD AVE RD #123  
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME ALVAREZ, FLORA  
STREET ADDRESS 8400 SW 133 AVE RD. #418  
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐  
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 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFICANT OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-2000 305-3862