

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90054 036 ****61.25

0007261

DOCUMENT # 761030

1. Entity Name

GREGORIO REYES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1500 S.W. 66 CT
 APT. #1
 MIAMI FL 33144

1500 S.W. 66 CT
 APT. #1
 MIAMI FL 33144

(Handwritten initials)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same as Above

3. Mailing Address

Same as Above.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2399157

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORGE L. FERNANDEZ
 1500 S.W. 66 CT.
 APT #1
 MIAMI FL 33144

7. Name and Address of New Registered Agent

Name **ANA M. FERNANDEZ**
 Street Address (P.O. Box Number is Not Acceptable)
1500 SW 66 CT. Apt 1
 City **Miami** FL Zip Code **33144**

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 of Ana M. Fernandez) **(ANA M. FERNANDEZ)**

8/30/01

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
After September 12, 2001, min. will be \$236.25

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	JORGE FERNANDEZ	
STREET ADDRESS	1500 SW 66 COURT #1	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CELJANO FERNANDEZ	
STREET ADDRESS	1500 SW 66 COURT #1	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SEGUNDO ARDAVIN	
STREET ADDRESS	1500 SW 66 COURT #4	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANA M FERNANDEZ	
STREET ADDRESS	1500 SW 66 CT Apt 1	
CITY-ST-ZIP	Miami, FL 33144	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Teresa Vidal	
STREET ADDRESS	1500 SW 66 Ct. Apt 2	
CITY-ST-ZIP	MIAMI, FL 33144	
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		
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 of Ana M. Fernandez) **(ANA M. FERNANDEZ)** **8/30/01** **305-264-0723**

CRE037 (5/01)