

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761078

1. Entity Name

WESTLAND PARK CONDOMINIUM ASSOCIATION, INC., # 4

Principal Place of Business

1760 W. 60TH ST  
APT 3  
HIALEAH FL 33012

Mailing Address

1760 W. 60TH ST  
APT 3  
HIALEAH FL 33012

FILED

02 JUL -8 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1760 W. 60<sup>TH</sup> ST.

1760 West 60 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

-APT. 4 -

APT. 4

City & State

HIALEAH, FL.

City & State

HIALEAH, FL.

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

59-2401327

Applied For

Not Applicable

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

DIAZ, LINDA  
1760 W. 60TH ST  
APT 3  
HIALEAH FL 33012

(deleted)

Name

LUIS NAVARRO

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

1760 West 60 STREET

Unit 4

City

HIALEAH

FL

Zip Code

33012

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)

PRESIDENT

04/12/02

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  
NAME NAVARRO, LUIS and TD  
STREET ADDRESS 1760 W. 60TH ST  
CITY-ST-ZIP HIALEAH FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000006348570--0  
-07/12/02--01029--004  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE SD  
NAME GONZALEZ, FLAVIANO and VD  
STREET ADDRESS 1760 W. 60TH ST  
CITY-ST-ZIP HIALEAH FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME DIAZ, LIDIA R  
STREET ADDRESS 1760 W. 60TH ST UNIT 3  
CITY-ST-ZIP HIALEAH FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME ALFONSO, JOSEFA  
STREET ADDRESS 1760 W. 60TH ST  
CITY-ST-ZIP HIALEAH FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME JOAQUIN GALEANO  
STREET ADDRESS 1760 W 60 ST UNIDAD #3  
CITY-ST-ZIP HIALEAH FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

305-822-4606  
02/26/02