

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90135 047 ****70.00

DOCUMENT # 763678

1. Entity Name
SWEETWATER VILLAS WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**11 SW 113 AVENUE
103
MIAMI FL 33174**

Mailing Address

**11 SW 113 AVENUE
103
MIAMI FL 33174**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2808934

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

**PRADO, EMIGDIO
11 SW 113 AVE
103
MIAMI FL 33174**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIJERINO, CARLOS 11 S.W. 113 AVE., #101 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRADO, EMIGDIO 11 S.W. 113 AVE., #103 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, MANUEL 21 SW 113 AVE #106 MIAMI FL 33174	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORDOVA, GUSTAVO 13 SW 113 AVE #105 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALVEZ, LAZARO 23 SW 113 AVE #104 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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] REINIGDIO E. PRADO

4.29.2003

(305) 559-1476

CR2E037 (10/02)