

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90008 023 ****61.25

DOCUMENT # 765872

1. Entity Name

9500 COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

9500 NW 77 AVE
 B4
 HIALEAH GARDENS FL 33016
 US

Mailing Address

9500 NW 77 AVE
 B4
 HIALEAH GARDENS FL 33016
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2263266

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

7. Name and Address of New Registered Agent

THE, W S INC
9500 NW 77 AVE STE B4
HIALEAH GARDENS FL 33016

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.

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
After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPT	<input type="checkbox"/> Delete
NAME	SEREIX, LUIS	
STREET ADDRESS	9500 NW 77TH AVE	
CITY-ST-ZIP	HIALEAH GRDNS, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	KEMP, WILLIAM	
STREET ADDRESS	9500 NW 77TH AVE	
CITY-ST-ZIP	HIALEAH GRDNS, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, AUGUSTO	
STREET ADDRESS	9500 NW 77TH AVE	
CITY-ST-ZIP	HIALEAH GRDNS, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MORELL, MIGUEL	
STREET ADDRESS	9500 NW 77TH AVE	
CITY-ST-ZIP	HIALEAH GRDNS, FL 00000	
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"/> 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
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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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)