# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 14, 2001 8:00 am**
**Secretary of State**
02-14-2001 90010 039 ****61.25

DOCUMENT # 767115

1. Entity Name

INTERNATIONAL PARK CONDOMINIUM I ASSOCIATION, IN

| Principal Place of Business | Mailing Address |
|---|---|
| 11750 - 11780 SW 18TH ST<br>MIAMI FL 33162 | 17250 NE 19TH AVE<br>NORTH MIAMI BEACH FL 33162 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2247624 ☐ 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 |
|---|---|
| MIB MGMT SERVICES INC.<br>17250 NE 19TH AVE<br>NORTH MIAMI BEACH FL 33162 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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** | 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>MARTINEZ, EDITH<br>11780 SW 18TH ST. # 331<br>MIAMI FL 33175 ☐ Delete XXXXXXXXXX XXXXX | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP Arcila Luz<br>11750 SW 18th St. # 530<br>Miami, Fl. 33175 ☐ Change ☐ Addition XXXXXXXXX |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>MEDEL, CESAR<br>11750 SW 185 ST.<br>MIAMI FL 33175 ☐ Delete XXXXXXXXXX XXXXXXXXXX | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT Martinez Nidia<br>11780 SW 18th St # 329<br>Miami, Fl. 33175 ☐ Change ☐ Addition XXXXXX |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>WILLIS, GLADYS<br>11780 SW 18TH ST. # 117<br>MIAMI FL 33175 XXXXXXXXXX ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS Arboleda Maria Del Carmen<br>11780 SW 18th st. # 410<br>Miami, Fl. 33175 ☐ Change ☐ Addition XXXXXXX |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DD<br>CARBONELL, EDITA<br>11780 SW 18TH ST. # 327<br>MIAMI FL 33175 XXXXXXXXXX ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DD Del Campo Ela<br>11780 SW 18th St. # 205 ☐ Change ☐ Addition XXXXXXXXX |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DD<br>GONZALEZ, REYNEIRO<br>11750 SW 18TH ST. # 419<br>MIAMI FL 33175 ☐ Delete XXXXXXXXXX XXXXXXXXXX | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/00)

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 (02-08-01) 2/14/01 305-940-8795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #