

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 770214

FILED  
Mar 02, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE PONCE VILLA CONDOMINIUM, INC.

**Current Principal Place of Business:**

3509/3511 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

3509/3511 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 65-0197885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOUSSINIAN, EDWARD  
700 CORAL WAY  
APT 2  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOUSSINIAN, EDWARD  
Address: 700 CORAL WAY #2  
City-St-Zip: CORAL GABLES, FL

Title: STD ( ) Delete  
Name: GUTIERREZ, ELIZABETH  
Address: 3509 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL

Title: VD ( ) Delete  
Name: GUTIERREZ, OMAR  
Address: 3509 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD LOUSSINIAN

PD

03/02/2002

Electronic Signature of Signing Officer or Director

Date