2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State
05-27-2002 90300 006 ****61.25

DOCUMENT # N01000008543

1. Entity Name

LOS PORTALES SECTION B CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
3822 WEST 12TH AVENUE HIALEAH FL 33012	3822 WEST 12TH AVENUE HIALEAH FL 33012

93100

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2500 NW 97 ave	3500 NW 97 ave
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33172 Country:	Zip: Country:

4. FEI Number: 651157522 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MACHADO, JOSE L
8500 SW 8TH STREET
SUITE 238
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name: Hugo Espinoza
Street Address (P.O. Box Number is Not Acceptable): 3500 NW 97 ave
200
City: Miami FL Zip Code: 33172

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D CAYON, MAURICE 3822 WEST 12TH AVENUE HIALEAH FL 33012	☑ Delete	D Rodriguez, Humberto 300 E 4 st #202 Hialeah, Fl 33010	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ETESSAM, SHAHIN 3822 WEST 12TH AVENUE HIALEAH FL 33012	☑ Delete	D Basanta, Leonardo 316 E 4st #4 Hialeah, Fl 33010	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOSCHETTI, JOSE 3822 WEST 12TH AVENUE HIALEAH FL 33012	☑ Delete	D Gomez, Onel 311 E 3st #3 Hialeah, Fl 33010	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 3/19/02 (305)444-6757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #