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

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90544 049 ****61.25

DOCUMENT # N01777

1. Entity Name
WESTCHESTER POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
995 S.W. 84 AVENUE SUITE 100 MIAMI FL 33144	995 S.W. 84 AVENUE SUITE 100 MIAMI FL 33144

☐ CHECK HERE IF MAKING CHANGES

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 59-2483532 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUBIERA, IGNACIO
995 SW 84TH AVE
SUITE 317
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name: Lourdes G. Lastres
Street Address (P.O. Box Number is Not Acceptable): 995 SW 84th Ave #227
City: Miami **FL** Zip Code: 33144

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: Lourdes G. Lastres, Director 01/13/03
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 HARTMAN, JOSE 995 SW 84 AVE # 307 MIAMI FL 33144	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Maria E. Cabrera 995 S.W. 84th Ave #209 Miami, FL 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RUBIERA, IGNACIO 995 SW 84 AVE # 317 MIAMI FL 33144	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Maria F. Quintana 995 SW 84th Ave #110 Miami, FL 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PEREZ, CARLOS 995 SW 84 AVE # 101 MIAMI FL 33144	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Maria E. Mederos 995 SW 84th Ave #322 Miami, FL 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LASTRE, LOURDES 995 SW 84 AVE APT 227 MIAMI FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PELAYO, JOSE 995 SW 84 AVE APT 221 MIAMI FL 33144	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD José Feria 995 SW 84th Ave #226 Miami, FL 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 Lourdes G. Lastres, Director (954)760-5232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #