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

DOCUMENT # N02000004268

1. Entity Name
SPANISH VILLAS CONDOMINIUM ASSOCIATION, INC.

FILED
03 JUN 18 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8001 WEST 26TH AVENUE UNIT #3 HIALEAH, FL 33016	8001 WEST 26TH AVENUE UNIT #3 HIALEAH, FL 33016

05-01-03-90315-004 $70.00

☐ CHECK HERE IF MAKING CHANGES 03

2. Principal Place of Business	3. Mailing Address
2400 WEST 84 Street	2400 WEST 84 Street
Suite, Apt. #, etc. Suite #14	Suite, Apt. #, etc. Suite #14
City & State Hialeah, Florida	City & State HIALEAH, FL
Zip 33016 Country USA	Zip 33016 Country USA

4. FEI Number 20-0030842 ☐ 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
MARTINEZ, CARLOS A 8001 WEST 26TH AVENUE UNIT #3 HIALEAH, FL 33016	Name CARLOS A MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 2400 WEST 84th STREET #14 City HIALEAH FL Zip Code 33016

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 _____ 6/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 MARTINEZ, CARLOS A 8001 WEST 26TH AVENUE #3 HIALEAH, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARTINEZ, CARLOS A. 2400 WEST 84 AVE #14 HIALEAH, FL 33016	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~DUKE, TERREL~~ 8001 ~~WEST 26TH~~ AVENUE #3 HIALEAH, FL 33016	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~RODRIGUEZ, TONY~~ 8001 ~~WEST 26TH~~ AVENUE #3 ~~HIALEAH, FL 33016~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ADDRESS~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ANTONIO REYES 2400 WEST 84 AVE #14 HIALEAH, FL 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR CARLOS NACHON 2400 WEST 84 AVE #14 HIALEAH, FL 33016	☐ 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: _____ 6/17/03 (305) 558-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MB