

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90043 035 ****70.00

DOCUMENT # **N02000006053**

1. Entity Name

**PARK LAKES CONDOMINIUM
ASSOCIATION, INC.**



DO NOT WRITE IN THIS SPACE

20022701

2. Principal Place of Business

7102 NW 112 CT.

Suite, Apt. #, etc.

3. Mailing Address

7102 NW 112 CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

650991516

Applied For

Not Applicable

Zip

33178

Country

MIAMI DARE

Zip

33178

Country

MIAMI DARE

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RICARDO ECHEVERRIA

Street Address (P.O. Box Number is Not Acceptable)

7102 NW 112 COURT

City

MIAMI

FL

Zip Code

33178

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
RICARDO ECHEVERRIA
7102 NW 112 CT
MIAMI FL 33178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
JUAN CARLOS ECHEVERRIA
7102 NW 112 CT
MIAMI FL 33178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
JULIE ALAN ECHEVERRIA
7102 NW 112 CT
MIAMI FL 33178**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **RICARDO ECHEVERRIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)