

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90017 031 \*\*\*\*61.25

**DOCUMENT # N04639**

1. Entity Name

**LAS BRISAS TOWNHOUSE APARTMENTS CONDOMINIUM-NO.**

Principal Place of Business

1300 W. 46TH ST.  
 HIALEAH FL 33012  
 US

Mailing Address

C/O ACTION GENERAL SERVICES  
 POST OFFICE BOX 1105-8  
 HIALEAH FL 33011-0548  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4445 West 16 Ave

Suite, Apt. #, etc.

Suite 308

City & State  
 Hialeah, Fl

Zip

33012

Country

Date

4. FEI Number

59-2665942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, ABRAHAM**  
**1330 W 46TH ST # 17**  
**HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOT: Registered Agent signature required when reinstating)

4/30/01

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **SANCHEZ, ABRAHAM**  
 STREET ADDRESS **1330 W 46TH STREET #15**  
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **SD** ☐ Delete  
 NAME **CARRACEDO SANCHEZ, GISELA**  
 STREET ADDRESS **1320 W 46TH STREET #23**  
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **TD** ☐ Delete  
 NAME **CARRACEDO SANCHEZ, GISELA**  
 STREET ADDRESS **1300 W 46TH ST #3**  
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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**

4/30/01

(305) 823-1201

CR2E037 (10/00)