

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91689 027 \*\*\*\*61.25

**DOCUMENT # N05200**

1. Entity Name

**SALZEDO OFFICE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

*Management*  
 C/O THE TIMBERLAKE GROUP, INC  
 5050 NW 74TH AVENUE  
 MIAMI FL 33166  
 US

Mailing Address

*Management*  
 C/O TIMBERLAKAE GROUP INC  
 5050 NW 74TH AVE  
 MIAMI FL 33166  
 US

2. Principal Place of Business

6501 NW 36<sup>th</sup> street  
 Suite, Apt. #, etc.  
 Ste 385

3. Mailing Address

6501 NW 36<sup>th</sup> street  
 Suite, Apt. #, etc.  
 Ste 385

City & State

Miami, FL

City & State

Miami, FL 33166

Zip

33166

Country

US

Zip

Country

4. FEI Number

59-2494919

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUGGER, ROBERT A.  
 THE TIMBERLAKE GROUP INC  
 5050 NW 74TH AVENUE  
 MIAMI FL 33166

7. Name and Address of New Registered Agent

Name: *Law offices of Brian W. Pariser*  
 Street Address (P.O. Box Number is Not Acceptable): *Datran II*  
*9130 S. Dadeland Blvd., # 1511*  
 City: *Miami, FL* Zip Code: *33156*

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: *A. L. Wood*  
 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 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	LARRIEU, JORGE	
STREET ADDRESS	3971 SW 8TH ST STE 205	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	DOCAL, ABELARDO	
STREET ADDRESS	3971 SW 8TH ST STE 205	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARRIEU, MANUEL A.	
STREET ADDRESS	3971 SW 8TH STREET, #205	
CITY-ST-ZIP	MIAMI FL	
TITLE	AVD	<input type="checkbox"/> Delete
NAME	DUGGER, ROBERT A.	
STREET ADDRESS	5050 NW 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *A. L. Wood*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)