

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90218 019 ****61.25

DOCUMENT # N05200


1. Entity Name
SALZEDO OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O THE TIMBERLAKE MANAGEMENT
6501 NW 36TH STREET STE 385
MIAMI FL 33166
US**

Mailing Address
**C/O THE TIMBERLAKE MANAGEMENT
6501 NW 36TH STREET STE 385
MIAMI FL 33166
US**

70018332



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2494919** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAW OFFICES OF BRIAN W. PARISER P.A.
DATRAN II
9130 S DADELAND BLVD #1511
MIAMI FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

By: *Brian W. Pariser* **Brian W. Pariser** **2/18/03**

SIGNATURE (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

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	AVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6501 NW 36 ST, #385	
CITY-ST-ZIP	Miami, FL 33166	
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: *Brian W. Pariser* **Brian W. Pariser** **2/18/03** **305-492-8880**

CR2E037 (10/02)