

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08847

1. Entity Name

UNIDAD II, A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1330 W. 44TH ST.
HIALEAH FL 33012

1330 W. 44TH ST.
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0445722

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

LORENZO, FRANCISCA
1330 W. 44TH ST.
HIALEAH FL 33012

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.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LORENZO, FRANCISCA
STREET ADDRESS 1330 W. 44TH ST.
CITY-ST-ZIP HIALEAH FL 33012

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME GONZALEZ, CARIDAD
STREET ADDRESS 1336 W. 44TH ST.
CITY-ST-ZIP HIALEAH FL 33012

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME RODRIGUEZ, ROSARIO
STREET ADDRESS 1330 W 44 STREET
CITY-ST-ZIP HIALEAH FL 33012

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Francisca Lorenzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

305 556-3683

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90080 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)