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

DOCUMENT # N10380

1. Entity Name
LAS PALMAS OF HIALEAH CONDOMINIUM ASSOCIATION, INC.

FILED
05 MAR 16 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5365-5375 PALM AV	5375 PALM AV.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: HIALEAH, FL.	City & State: HIALEAH, FL.
Zip: 33012-2771 Country: U.S.A	Zip: 33012-2771 Country: U.S.A.

4. FEI Number 59-2563253 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FIDEL CADALSO

Street Address (P.O. Box Number is Not Acceptable): 5375 PALM AV. #4

City: HIALEAH FL Zip Code: 33012-2771

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.

MARIA E. PEREZ
Comm# DD0270752
Expires 12/1/2007
Bonded thru (800)432-4254
Florida Notary Assn., Inc

SIGNATURE: _____ FIDEL A. CADALSO PRESIDENT 02/03/2005
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	P
NAME	CADALSO, FIDEL A
STREET ADDRESS	5375 PALM AVE. #4
CITY-ST-ZIP	HIALEAH, FL. 33012-2771
TITLE	VP
NAME	GARCIA, GEORGE
STREET ADDRESS	5365 PALM AV. #2
CITY-ST-ZIP	HIALEAH, FL. 33012-2771
TITLE	T
NAME	MIGUEL PENA
STREET ADDRESS	5375 PALM AVE. #6
CITY-ST-ZIP	HIALEAH, FL. 33012-2771
TITLE	
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MARIA E. PEREZ
Comm# DD0270752
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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: FIDEL A. CADALSO PD 02/03/2005

CR2E037B (12/02)