

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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90166 037 \*\*\*\*61.25

**DOCUMENT #** N11204

1. Entity Name

RESIDENCIAL EL PRADO CONDOMINIUM ASSOCIATION

**DO NOT WRITE IN THIS SPACE**

90033684

2. Principal Place of Business

2730 W. 61 Place #107

Suite, Apt. #, etc.

3. Mailing Address

2500 N.W. 97 ave #200

Suite, Apt. #, etc.

200

DO NOT WRITE IN THIS SPACE

City & State

Hialeah, FL

City & State

Miami, FL

4. FEI Number 59-2861645

Applied For

Not Applicable

Zip

33016

Country

Zip

33172

Country

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 SPM GROUP INC.

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

2500 N.W. 97 Ave Suite #200

City Miami

FL

Zip Code  
33172

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

**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**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD- Noris Collado 2730W. 61 Place # 107 Hialeah, Fl 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD-Mario Tellez 2740 W.62 Street # 205 Hialeah, Fl 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD- Francisco Imbert 2765 W.60 Place # 201 Hialeah, Fl 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD- Marcos Ceballo 3299 W.76 Place # 103 Hialeah, Fl 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D- Alejandro Solorzano 2780 W. 61 Street # 101 Hialeah, Fl 33016

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**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)