## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Jan 28, 2000 8:00 am Secretary of State DOCUMENT # **N15600** 1. Entity Name PATIO GRANDE II TOWNHOMES CONDOMINIUM ASSOCIATIO 01-28-2000 90199 036 \*\*\*\*61.25 Principal Place of Business Mailing Address 275 FONTAINEBLEAU BLVD. #200 275 FONTAINEBLEAU BLVD. #200 MIAMI FL 33172-4576 MIAMI FL 33172 BIUGUU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-2674951 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ALVAREZ, NESTOR P.A. 3971 S.W. 8 ST. **SUITE #209** Zip Code City **CORAL GABLES FL 33134** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. П Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Addition TITLE PD ☐ Delete NAME NAME GALVEZ, GERMAN and fontainebleau Blud 1200 STREET ADDRESS STREET ADDRESS 560 N.W. 109 AVE #5 CITY-ST-ZIP MI AMT FL 33172 CITY-ST-ZIP MIAMI FL 33172 ☐ Addition ☐ Delete TITLE TITLE ٧D NAME NAME MARTINEZ, PEGGY 205 Fortaineble an and 4200 STREET ADDRESS STREET ADDRESS 560 N.W. 109 AVE #2 Miami FL 33172 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 --☐ Delete TITLE TITLE TD NAME NAME MONTOYA, GENARO ans fontainebleau Blud 4000 STREET ADDRESS STREET ADDRESS 530 N.W. 109 AVE #1 Miami FL 83172 CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI FL 33172</u> Change ☐ Addition ☐ Delete TITLE TITLE SD NAME MILIAN, AMERICA NAME 295 Foothine bleau Blid #200 STREET ADDRESS STREET ADDRESS 610 N.W. 109 AVE #4 F/\_ 33/42 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ontrustee 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.