

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

0071251

DOCUMENT # N32658

1. Entity Name

C.L.A.S. CONDOMINIUM ASSOCIATION, INC.

05-21-2002 90852 047 ****61.25

Principal Place of Business

Mailing Address

**11890 NW 87TH COURT
 BAY 9
 HIALEAH GARDENS FL 33016
 US**

**11890 NW 87TH COURT
 BAY 6
 HIALEAH GARDENS FL 33016
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0599078

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PENENORI, JORGE J.
 11890 NW 87 COURT
 BAY 9
 HIALEAH GARDENS FL 33016**

Name **J. JOSEPH LUZORO**

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

11890 N.W. 87 CT SUITE C

City **HIALEAH GARDENS**

FL

Zip Code **33018**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4-22-02**

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	<input type="checkbox"/> Delete
NAME	PENENORI, JORGE J.	
STREET ADDRESS	11890 NW 87TH COURT, BAY 9	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LUZORO, JOSEPH	
STREET ADDRESS	11890 NW 87TH COURT, BAY 6	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DELANOZ, FELIPE	
STREET ADDRESS	11890 NW 87TH COURT, BAYS 10 & 11	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-22-02**

DAYTIME PHONE # **305-5574554**

Date Daytime Phone #