2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N35578** Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** FLEXSPACE AT DORAL WEST PARK CONDOMINIUM ASSOCIA 01-12-2000 90067 002 ****61.25 Principal Place of Business Mailing Address 10418 NW 31ST TERRACE 10418 NW 31ST TERRACE MIAMI FL 33172-1200 MIAMI FL 33172 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0251314 Not Applicable \$8.75 Additional Country Zìp Country 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) WEIDENER, JAMES P. 10418 NW 31ST TERRACE **MIAMI FL 33172** Zip Code City FL 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) Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **Addition** Change TITLE Delete TITLE NAME NAME PINO, JUAN A. STREET ADDRESS STREET ADDRESS 10462 NW 31ST TERRACE CITY-ST-ZIP 33172 CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME WEIDENER, JAMES P. STREET ADDRESS STREET ADDRESS 10418 NW 31ST TERRACE CITY-ST-ZIP CITY-ST-ZIP <u>miami fl_33172</u> Addition D -----□-Change Delete ---TITLE-MILOSLAVIC, MIGUEL V NAME STREET ADDRESS STREET ADDRESS 10462 NW 31 TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL M Change Addition Delete TITLE TITLE HERNANDEZ-DAVIVA, MIRTHA SEGOMA, JAME NAME NAME STREET ADDRESS 10434 NW 31 TOLLACE STREET ADDRESS 10442 NW 31ST TERRACE <u>miami FL 33172</u> CITY-ST-ZIF MIAMI FL 33172 CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME ROBLES, ZASHA STREET ADDRESS STREET ADDRESS 10458 NW 31ST TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

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SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECT