2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90163 030 ****61.25

DOCUMENT # N35578

1. Entity Name

FLEXSPACE AT DORAL WEST PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
0442 NW 31ST TERRACE IAMI FL 33172 S	10442 NW 31ST TERRACE MIAMI FL 33172 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	
Zip	Country	Zip	Country

4. FEI Number 65-0251314 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEGIVIA, JAIME
10442 NW 31ST TERRACE
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name: SEGOVIA, JAIME
Street Address (P.O. Box Number is Not Acceptable): 10442 NW 31ST TERRACE
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: _____ PRESIDENT 02-01-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		
TLE / TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
AME / NAME	PINO, JUAN A.		NAME		
TREET ADDRESS / STREET ADDRESS	10462 NW 31ST TERRACE		STREET ADDRESS		
TY-ST-ZIP / CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TLE / TITLE	PT	☐ Delete	TITLE	D	☒ Change ☐ Addition
AME / NAME	WEIDENER, JAMES P.		NAME	WEIDENER, JAMES P.	
TREET ADDRESS / STREET ADDRESS	10418 NW 31ST TERRACE		STREET ADDRESS	10418 NW 31ST TERRACE	
TY-ST-ZIP / CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	MIAMI FL 33172	
TLE / TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
AME / NAME	MILOSLAVIC, MIGUEL V		NAME		
TREET ADDRESS / STREET ADDRESS	10462 NW 31 TERRACE		STREET ADDRESS		
TY-ST-ZIP / CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TLE / TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
AME / NAME	HERNANDEZ, DAVILA M		NAME		
TREET ADDRESS / STREET ADDRESS	10434 NW 31 TERRACE		STREET ADDRESS		
TY-ST-ZIP / CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP		
TLE / TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
AME / NAME	ROBLES, ZASHA		NAME		
REET ADDRESS / STREET ADDRESS	10458 NW 31ST TERRACE		STREET ADDRESS		
TY-ST-ZIP / CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP		
LE / TITLE	D	☐ Delete	TITLE	P/T	☒ Change ☐ Addition
ME / NAME	SEGOVIA, JAIME		NAME	SEGOVIA, JAIME	
REET ADDRESS / STREET ADDRESS	10442 NW 31ST TERRACE		STREET ADDRESS	10442 NW 31ST TERRACE	
Y-ST-ZIP / CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	MIAMI FL 33172	

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 02-01-02 305 640-2383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #