2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41390

1. Entity Name

GONZ-MOR CONDOMINIUM ASSOCIATION, INC.

GOD WE THE

FILED Jan 15, 2003 8:00 am § Secretary of State

01-15-2003 90176 004 ****61.25

					'			
Principal Place of Business Mailing Address				-				
405 AND 407 EAST 15TH STREET HIALEAH FL		405 AND 407 EAST 15TH STREET HIALEAH FL			1			
2. Principal	Place of Business	3. Mailing Addr	7000	-				
2. Throipar, lace of business		3. Walling Addi	3. Maining Address			FI 11888 11118 18111 8811 8151 81611 81811 81811		
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.		#, etc.		☐ CHECK HERE IF MAKING CHANGES		ES	
City & State		City & State			4. FEI Number 65-0328446 Applied For Not Applicable			
Zip Country		Zip	Zip Country		5. Certificate of Sta	tus Desired	Additional	
	6. Name and Address of Curre				7. Name and Addre	ess of New Registered Agent		
CONTRACT OPOUL				Name				
GONZALEZ, CECILIA 405 EAST 15TH STREET				Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH FL								
				City		FL Zip C	ode	
8. The abov	e named entity submits this statement	for the purpose of cha	anging its registere	d office or register	red agent, or both, in th	e State of Florida. I am familiar wi	th, and accept	
trie obliga	ations of registered agent.						·	
SIGNATURE								
	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registered	Agent signature required	d when reinstating)	DATE	··· ·	
FILE NOW: FEE IS \$61.25 9. Election Campaig Trust Fund Contri			ection Campaign Fi est Fund Contribution		\$5.00 May Be Added to Fees	Make Check Payab Florida Department o		
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS	IN 10	
TITLE	D	. 🗆 D			, IBB///OHA/OLD	Chang		
vame Street address	GONZALEZ, CECILIA	•	NAME			·		
CITY-ST-ZIP	405 EAST 15TH STREET HIALEAH FL			T ADDRESS ST-ZIP			ĺ	
ITLE	D		elete TITLE			Change	Addition	
NAME	MORAN, JOSE MANUEL		NAME			Onling	, L Addition	
STREET ADDRESS SITY-ST-ZIP	407 EAST 15TH STREET			T ADDRESS				
TITLE	HIALEAH FL			ST-ZIP.		with the same of t		
IAME	MORAN, MIRIAM	∐ De	elete TITLE NAME			☐ Change	Addition	
TREET ADDRESS	407 EAST 15TH STREET		STREET	T ADDRESS				
ITY-ST-ZIP	HIALEAH FL		CITY-S	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
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TREET ADDRESS			NAME STREET	ADDRESS				
ITY-ST-ZIP			CITY-S	i				
ITLE		☐ De	lete TITLE			Change	☐ Addition	
AME			NAME	1		change		
TREET ADDRESS ITY-ST-ZIP				ADDRESS			}	
			CITY-S	iT-ZIP				
TLE AME		☐ De	lete TITLE NAME			☐ Change	☐ Addition	
FREET ADORESS				ADDRESS				
TY-ST-ZIP			CITY-S	I				

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. Cecilia GONZAKZ

SIGNATURE:

305-885-4291