

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46741

1. Entity Name

ONE ALHAMBRA CIRCLE CONDOMINIUM ASSOCIATION, INC

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90265 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

ONE ALHAMBRA CIRCLE  
#608  
CORAL GABLES FL 33134  
US

ONE ALHAMBRA CIRCLE  
#608  
CORAL GABLES FL 33134-4692  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0357144

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

GOUDIE, EILEEN M.  
1 ALHAMBRA CIR.  
#608  
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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

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

TITLE PD ☐ Delete  
NAME LAGOMASINO, MARIA  
STREET ADDRESS 1 ALHAMBRA CIR., #602  
CITY-ST-ZIP CORAL GABLES FL

TITLE President ☒ Change ☐ Addition  
NAME Leonor Mezcu R 403  
STREET ADDRESS 1 Alhambra Circle #403  
CITY-ST-ZIP Coral Gables, FL

TITLE SD ☐ Delete  
NAME FADEL, JOSEPH  
STREET ADDRESS 1 ALHAMBRA CIRCLE #407  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME LEONOR, MEZCUA R  
STREET ADDRESS 1 ALHAMBRA CIRCLE #608  
CITY-ST-ZIP CORAL GABLES FL

TITLE TD ☒ Change ☐ Addition  
NAME Monica Athie  
STREET ADDRESS 1 Alhambra Circle #204  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*LEONOR MEZCUA R* 1/13/2000 305/591-9785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President  
Date Daytime Phone #

CR2E037 (9/99)