

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 21, 2001 08:00 AM****Secretary of State****DOCUMENT # N93000004683**1. Entity Name
2940-42 WEST TRADE CONDOMINIUM ASSOCIATION, INC.Principal Place of Business
9413 SW 21 TERR
MIAMI FL 33165 US
Mailing Address
P.O. BOX 65-0211
MIAMI FL 33265 US2. Principal Place of Business
2940-42 WEST TRADE AVENUE, A
Suite, Apt. #, etc.
3. Mailing Address
P.O. BOX 010095
Suite, Apt. #, etc.City & State
MIAMI FL
Zip
33133
Country
US
City & State
MIAMI FL
Zip
33101-009
Country
US4. FEI Number
65-0455889
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentDE CASTRO ARTURO F
1010 S.W. 8TH STREET
MIAMI FL 33144 US**7. Name and Address of New Registered Agent**Name
SUNDARAM MAGESH
Street Address (P.O. Box Number is Not Acceptable)
2940 WEST TRADE AVENUE
City
MIAMI FL Zip Code
33133

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 **MAGESH SUNDARAM****05/21/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	DE CASTRO ARTURO	
STREET ADDRESS	1010 SW 8TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	POU ALFREDO	
STREET ADDRESS	9413 S.W. 21ST TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	POU ANDRES	
STREET ADDRESS	9413 S.W. 21ST TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNDARAM SHAN	
STREET ADDRESS	5519 WEYWOOD DRIVE	
CITY-ST-ZIP	REISTERSTOWN MD 21136	
TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASTIEN CHARLES	
STREET ADDRESS	2942 WEST TRADE AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNDARAM MAGESH	
STREET ADDRESS	2940 WEST TRADE AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: MAGESH SUNDARAM**PRES 05/21/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Faxing Phone #

CR2E037 (11/00)