

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90669 031 \*\*\*\*61.25

**DOCUMENT # N93000005028**

1. Entity Name

**LOS ARBOLES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**1900 WEST 68TH  
CONDO OFFICE  
HIALEAH FL 33014**

Mailing Address

**1900 WEST 68TH  
CONDO OFFICE  
HIALEAH FL 33014**

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 **65-0487339**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FRANCISCO, DIAZ  
1900 W 68TH ST  
APT H-405  
HIALEAH FL 33014**

7. Name and Address of New Registered Agent

Name **FRANCISCO DIAZ.**

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

**1900 West. 68th.St. Apto. H-405**

City **HIALEAH. FL.**

**FL**

Zip Code  
**33014**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Francisco Diaz*

*Francisco Diaz*

*1/7/03*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD**  Delete  
NAME **DIAZ, FRANCISCO**  
STREET ADDRESS **1900 W 68TH ST H-405**  
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **VP**  Delete  
NAME **SANCHEZ, JOE**  
STREET ADDRESS **1900 W 68TH ST G-201**  
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **T**  Delete  
NAME **GONZALEZ, MARTIN**  
STREET ADDRESS **1900 W 68TH ST G-309**  
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **SD**  Delete  
NAME **RIVERA, AMPARO**  
STREET ADDRESS **1900 W 68TH ST H-403**  
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **D**  Delete  
NAME **ALVAREZ, MARIA**  
STREET ADDRESS **1900 W 68TH ST F-204**  
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P.D.**  Change  Addition  
NAME **DIAZ FRANCISCO**  
STREET ADDRESS **1900 W. 68 St. Apto H- 405**  
CITY-ST-ZIP **Hia.**

TITLE **VP**  Change  Addition  
NAME **MARTIN GONZALEZ**  
STREET ADDRESS **1900 W.68.St.G-309.HIA.FL.33014**  
CITY-ST-ZIP

TITLE **T.**  Change  Addition  
NAME **Ana Maria Gonzalez**  
STREET ADDRESS **1900W.68.St.F-304. Hia. FL.33014**  
CITY-ST-ZIP

TITLE **S.D.**  Change  Addition  
NAME **Juan C.Rodriguez.**  
STREET ADDRESS **1900.W.68.St.A-206.Hia.FL.33014**  
CITY-ST-ZIP

TITLE  Change  Addition  
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 an other like empowered.

SIGNATURE:

*Francisco Diaz*

*1/7/03*

*305-698-5952*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)