

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90052 005 ****61.25

DOCUMENT # N95000001352

1. Entity Name

LOS PALACIOS I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

900 W 49 ST
 200
 HIALEAH FL 33012
 US

900 W 49 ST
 200
 HIALEAH FL 33012-3435
 US

00010100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0739129

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

DELATORRE, CLEMENTE J
~~11125 NW 62 AVE~~
~~HIALEAH FL 33012~~

Name

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

900 W. 49 St. Ste. 220

City

Hialeah, FL 33012

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

af h

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 **DP** Delete
 NAME **ZACARIA, HERNANDEZ**
 STREET ADDRESS **9326 NW 121ST ST**
 CITY-ST-ZIP **HIALEAH GARDENS FL**

TITLE **Director** Change Addition
 NAME **Sergio Andrade**
 STREET ADDRESS **9339 N.W. 121 St Hialeah yard**
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **SANTOS, NOEMA**
 STREET ADDRESS **9291 NW 121ST ST**
 CITY-ST-ZIP **HIALEAH GARDENS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DD** Delete
 NAME **MARGARITA LOZANO**
 STREET ADDRESS **9314 NW 121ST ST**
 CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

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
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 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

Zacarias Hernandez
 SIGNATURE **ZACARIAS HERNANDEZ**

2/3/2000 (305) 821-7668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #