

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002715

1. Entity Name

CONQUISTADOR VILLAS CONDOMINIUM ASSOCIATION, INC

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90057 038 \*\*\*\*61.25

Principal Place of Business <b>5800 WEST 18TH LANE HIALEAH FL 33012</b>	Mailing Address <b>2151 LE JEUNE RD #305 CORAL GABLES FL 33134-4200</b>
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DO NOT WRITE IN THIS SPACE

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 <b>65-0683649</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LOPEZ, RAFAEL  
2151 LE JEUNE RD  
#305  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Juan J. Martinez**

Street Address (P.O. Box Number is Not Acceptable) **2151 Le Jeune Rd Ste 305**

City **Coral Gables** FL **33134**

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 *Juan J. Martinez* Property Manager DATE **2-3-00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>RAMOS, JAVIER A</b>	
STREET ADDRESS	<b>5810 W 18 LN APT 105.</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>CERRA, CONSUELO</b>	
STREET ADDRESS	<b>5800 W 18 LN APT 103</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>MARRERO, IRMA</b>	
STREET ADDRESS	<b>5840 W 18 LN APT 104</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fernandez, Oneida</b>	
STREET ADDRESS	<b>5820 W 18LN Apt 104</b>	
CITY-ST-ZIP	<b>Hialeah, FL 33012</b>	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Garcia, Luis S.</b>	
STREET ADDRESS	<b>5810 W 18LN Apt 105</b>	
CITY-ST-ZIP	<b>Hialeah, FL 33012</b>	
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)(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: *JAVIER A RAMOS* DATE: **2-4-00** (305) 823-7491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #