

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90274 042 \*\*\*\*70.00

**DOCUMENT # N95000004897**

1. Entity Name

**SAN MATEO NORTH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

1957 WEST 60 ST.  
HIALEAH FL 33012  
US

Mailing Address

1957 WEST 60 ST.  
HIALEAH FL 33012  
US

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

65-0629272

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

A FIRST UNION REALTY & MANAGEMENT CO.  
TERRA MANAGEMENT SERVICE, INC.  
1957 W 60 ST  
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

TERRA Association Management Service Inc

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

1957 W 60 Street

City

Hialeah

FL

Zip Code

33012

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

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **GUILLERMO, ULMOS**  
CITY-ST-ZIP **8325 N.W. 186TH STREET UNIT 303**  
**MIAMI FL 33015**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **CRUZATA, BARBARA**  
CITY-ST-ZIP **15315 NW 60 AVE #F**  
**MIAMI LAKES FL**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **CARDENO, ANTONIO**  
CITY-ST-ZIP **8255 N.W. 186TH STREET UNIT 1001**  
**MIAMI FL 33015**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **REVILLA, ELIO**  
CITY-ST-ZIP **8315 N.W. 186 STREET UNIT 403**  
**MIAMI FL 33015**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FERNANDEZ, ORESTES**  
CITY-ST-ZIP **8265 N.W. 186 STREET UNIT 902**  
**MIAMI FL 33015**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **VALDES, JESUS**  
CITY-ST-ZIP **8285 N.W. 186 STREET UNIT 602**  
**MIAMI FL 33015**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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NAME  
STREET ADDRESS  
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 all other like empowered.

SIGNATURE

STAMP REQUIRED

CR2E037 (9/01)