

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90065 050 ****70.00

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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

7. Name and Address of New Registered Agent

**TERRA ASSOCIATION MGMT SERVICE, INC.
1957 W 60 STREET
HIALEAH FL 33012**

Name

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

City

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SALCEDO, MARIA N**
CITY-ST-ZIP **8285 NW 186TH STREET, UNIT 601
MIAMI FL 33015**

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FERNANDEZ, ORESTES**
CITY-ST-ZIP **8285 N.W. 186 STREET UNIT 902
MIAMI FL 33015**

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

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **VALDES, TESCOS**
CITY-ST-ZIP **8285 NW 186TH STREET, UNIT 602
MIAMI FL 33015**

TITLE ☐ Change ☐ Addition
NAME **P**
STREET ADDRESS **Valdes Jesus**
CITY-ST-ZIP **8285 N.W. 186 st
Miami, FL 33015**

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:

SIGNATURE REQUIRED

2/4/03 (305) 826-6606

CR2E037 (10/02)