

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003023

1. Entity Name

PUERTO BELLO CONDOMINIUM NO. 1 ASSOCIATION, INC.

Principal Place of Business

11030 N. KENDALL DRIVE
SUITE 100
MIAMI FL 33176

Mailing Address

% J.R. GONZALEZ & ASSOC.
2160 S.W. 137 PLACE
MIAMI FL 33175-1080

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

65-0683635

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

GONZALEZ, JESUS R
11030 N. KENDALL DR.
SUITE 100
MIAMI FL 33176

Name

JESUS R. GONZALEZ

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

11936 SW 8 ST

City

MIAMI

FL

Zip Code

33184

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME OLIVERAS, MARIO L
STREET ADDRESS 12454 NW 11 LANE UNIT 2012
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

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

TITLE SD
NAME RODRIGUEZ, ARTURO
STREET ADDRESS 12412 NW 11 LANE UNIT 2107
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

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

TITLE TD
NAME REYES, DOMINGO
STREET ADDRESS 12406 NW 11 LANE UNIT 2104
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

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

TITLE D
NAME BLAS, GUILLERMO
STREET ADDRESS 12478 NW 11 LANE UNIT 1908
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME LAZARO MISE
STREET ADDRESS 12474 NW 11 LANE #1906
CITY-ST-ZIP MIAMI, FL 33182 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90075 045 ****61.25



DO NOT WRITE IN THIS SPACE

05/01/00