

2001 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

2. Principal Place of Business

3. Mailing Address

J.R. GONZALEZ & ASSOC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
11936 SW 8 STREET

City & State

City & State
MIAMI, FL

Zip

Country

Zip
33184

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, JESUS R
11936 SW 8TH STREET
MIAMI FL 33184

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.

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
After September 12, 2001, min. will be \$236.25

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 PD
NAME ELADIO GONZALEZ
STREET ADDRESS 12438 NW 11 LANE UNIT 2004
CITY-ST-ZIP MIAMI, FL 33182 ☒ 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 D
NAME REYES, DOMINGO
STREET ADDRESS 12406 NW 11 LANE UNIT 2104
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 GONZALEZ

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90032 017 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0683635 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (5/01)