

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90075 049 *****61.25

DOCUMENT # N97000000631

1. Entity Name

VALENCIA VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

900 W 49 ST
 STE-220
 HIALEAH FL 33012

Mailing Address

900 W 49 ST
 STE-220
 HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0939566

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DELATORRE, CLEMENTE J
900 W 49 ST STE-220
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.

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 NAME STREET ADDRESS CITY-ST-ZIP	DP PAIPILLA, ALEJANDRA 3286 WEST 70TH STREET, #202 HIALEAH GARDENS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CUETO, OSCAR 3258 WEST 70TH ST., #201 HIALEAH GARDENS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HERNANDEZ, RAUL 3282 WEST 70TH STREET, #201 HIALEAH GARDENS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD NIGUEL, REYES 3280 W 70 ST #102 HIALEAH FL 33012	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD VALDEZ, DAVID R 3282 WEST 70TH STREET, #201 HIALEAH GARDENS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
900 W. 49 ST. SUITE 220 HIALEAH, FL. 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
900 W. 49 ST. SUITE 220 HIALEAH, FL. 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
900 W. 49 ST. SUITE 220 HIALEAH, FL. 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
900 W. 49 ST. SUITE 220 HIALEAH, FL. 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
900 W. 49 ST. SUITE 220 HIALEAH, FL. 33012	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-2001 (305) 821-7668

CR2E037 (10/00)