

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005801

1. Entity Name

EAST VISTA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90046 001 \*\*\*\*61.25

Principal Place of Business	Mailing Address
C/O ACTION GENERAL SERVICES. CORP. 1445 W. 16TH AVE., #308 HIALEAH FL 33012	C/O ACTION GENERAL SERVICES. CORP. 4445 W. 16TH AVE., #308 HIALEAH FL 33012

2. Principal Place of Business - - - - - 3. Mailing Address - - - - -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0713779

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

ESTRADA, RICHARD  
650 S.E. 9TH COURT  
SUITE 102  
HIALEAH FL 33010

Name Karen Estrada

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

650 S.E. 9th Ct #102

City Hialeah

FL

Zip Code 33010

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 Karen Estrada (SD)

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-02

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	<input type="checkbox"/> Delete
NAME	CARBALLO, RAUL	
STREET ADDRESS	650 S.E. 9TH COURT, #205	
CITY-ST-ZIP	HIALEAH FL 33010	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	ESTRADA, RICHARD	
STREET ADDRESS	650 S.E. 9TH COURT, #102	
CITY-ST-ZIP	HIALEAH FL 33010	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	OLIVA, KAREN	
STREET ADDRESS	650 S.E. 9TH COURT, #102	
CITY-ST-ZIP	HIALEAH FL 33010	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Estrada, Karen	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	LOPEZ, RAUL	
STREET ADDRESS	650 S.E. 9TH COURT, #203	
CITY-ST-ZIP	HIALEAH FL 33010	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Karen Estrada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02 305-8884911

Date

Daytime Phone #

CR2E037 (9/01)