

AMENDED

08-27-2003 90078 041 \*\*\*\*\*61.25

FILES N98000003465


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

03 SEP -3 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000003465**

1. Entity Name  
**INWOOD CONDOMINIUM ASSOCIATION, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**9231 S.W. 87 AVENUE**

3. Mailing Address  
**MIAMI MANAGEMENT, INC.**

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI FLORIDA**

Zip  
**33176**

Country  
**DADE**

Zip  
**33186**

Country  
**DADE**

4. FEI Number  
**65-0909842**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**CARLOS A. TRIAY**

Street Address (P.O. Box Number is Not Acceptable)  
**10570 N.W. 27 STREET, #103**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33172**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when creating)

FEE IS \$61.25  
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ESCOTO, NAYARIT 9227 S.W. 87 AVE, #B-3 MIAMI FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD RECALDE, EDDIE 9225 S.W. 87 AVE, #A-6 MIAMI FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD OCHOA, MERCEDES 9231 S.W. 87 AVE, #C-12 MIAMI FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other the empowers.

SIGNATURE: **Nayarit Escoto** Date: **8-15-03** Daytime Phone #: **305-378-0130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NAYARIT ESCOTO, PRES.**

CR2E037B (12/02)