

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000005145**

1. Entity Name

CADIZ II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6278 WEST 22ND COURT
HIALEAH FL
US

Mailing Address

%ALL FLA. MANAGEMENT CO.
2828 CORAL WAY STE 435
MIAMI FL 33145
US

2. Principal Place of Business

3. Mailing Address

9360 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 252

City & State

City & State

MIAMI, FL. 33173

4. FEI Number

65-0871503

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

FEIN AND MELONI
900 SOUTH STATE ROAD 7
PLANTATION FL 33317

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 \$61.259. 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 **D** ☐ Delete
NAME **TOYENS, ROBERTO**
STREET ADDRESS **2828 CORAL WAY STE 435**
CITY-ST-ZIP **MIAMI FL 33145**TITLE **PD** ☐ Change ☐ Addition
NAME **CARLOS PICON**
STREET ADDRESS **9360 SUNSET DRIVE SUITE 252**
CITY-ST-ZIP **MIAMI, FL. 33173**TITLE **PD** ☐ Delete
NAME **PICON, CARLOS**
STREET ADDRESS **2828 CORAL WAY STE 435**
CITY-ST-ZIP **MIAMI FL 33145**TITLE **SD** ☐ Change ☐ Addition
NAME **MARTINEZ, MERCEDES**
STREET ADDRESS **9360 SUNSET DRIVE SUITE 252**
CITY-ST-ZIP **MIAMI, FL. 33173**TITLE **D** ☐ Delete
NAME **LOPEZ, TERESA**
STREET ADDRESS **2828 CORAL WAY STE 435**
CITY-ST-ZIP **MIAMI FL 33145**TITLE **D** ☐ Change ☐ Addition
NAME **TOYENS, ROBERTO**
STREET ADDRESS **9360 SUNSET DRIVE SUITE 252**
CITY-ST-ZIP **MIAMI, FL. 33173**TITLE **SD** ☐ Delete
NAME **MARTINEZ, MERCEDES**
STREET ADDRESS **2828 CORAL WAY SUITE 435**
CITY-ST-ZIP **MIAMI FL 33145**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME 
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/15/02 (205) 630-3660



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)