2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000144

1. Entity Name

VILLA DORAL CONDOMINIUM NO. 1 ASSOCIATION, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

06-05-2000 90021 040 ****61.25

Principal Place of Business	Mailing Address
11030 N. KENDALL DR., SUITE 100 MIAMI FL 33176	11030 N. KENDALL DR., SUITE 100 MIAMI FL 33176-1220

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 11936 SW 8 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MIAMI, FL
Zip / Country	Zip 33184 / Country USA

4. FEI Number 65-0903710 — Applied For / Not Applicable

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
VENTO, WILLIAM 11030 N. KENDALL DR., SUITE 100 MIAMI FL 33176	Name JESUS R. GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 11936 SW 8TH STREET City MIAMI FL Zip Code 33184

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 _____ DATE 6/8/2000

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

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 ☑ Delete	TITLE	P ☑ Change ☐ Addition
NAME	VENTO, WILLIAM	NAME	ANTOINETTE C. LAIDER
STREET ADDRESS	11030 N. KENDALL DR., SUITE 100	STREET ADDRESS	4724 NW 114 AVE UNIT 202
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	MIAMI, FL. 33178
TITLE	SD ☑ Delete	TITLE	T ☑ Change ☐ Addition
NAME	AVILA, RIGOBERTO	NAME	ANGEL E. ALVAREZ
STREET ADDRESS	11030 N. KENDALL DR., SUITE 100	STREET ADDRESS	4724 N.W. 114 AVE UNIT 201
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	MIAMI, FL. 33178
TITLE	TD ☑ Delete	TITLE	S ☑ Change ☐ Addition
NAME	AVILA, YESENIA	NAME	LISSETTE A. CARLOS
STREET ADDRESS	11030 N. KENDALL DR., SUITE 100	STREET ADDRESS	4752 NW 114 AVE UNIT 203
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	MIAMI, FL. 33178
TITLE	☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME		NAME	ERIKA GAWDULLIA
STREET ADDRESS		STREET ADDRESS	4748 NW 114 AVE UNIT 103
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL. 33178
TITLE	☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME		NAME	PEDRO A. CHAVEZ
STREET ADDRESS		STREET ADDRESS	4748 NW 114 AVE. UNIT 204
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL. 33178
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/99)

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: _____ 7/10/00 858-0887 x1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #