

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
May 30, 2000 8:00 am
Secretary of State

05-05-2000 90077 031 ****61.25

DOCUMENT # N99000002549

1. Entity Name

CYPRESS LAKE COMMERCIAL LAND PROPERTY OWNERS ASS

Principal Place of Business

8750 N.W. 36 STREET
 SUITE 200
 MIAMI FL 33178

Mailing Address

8750 N.W. 36 STREET
 SUITE 200
 MIAMI FL 33178-2499

2. Principal Place of Business

3510 Coral Way

Suite, Apt. #, etc.

Suite 200

City & State

Miami Florida

Zip

33145

Country

USA

3. Mailing Address

3510 Coral Way

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33145

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DEL VALLE, MILLY
 8750 N.W. 36 STREET
 SUITE 200
 MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

Mr. Dario Restrepo

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

3510 Coral Way Suite 200

City

Miami,

FL

Zip Code

33145

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

Dario Restrepo

May 24th, 2000

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

TITLE **D** ☒ Delete
 NAME **DEL VALLE, MILLY**
 STREET ADDRESS **8750 N.W. 36 STREET**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** ☒ Delete
 NAME **CALLON, GERDA**
 STREET ADDRESS **8750 N.W. 36 STREET**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** ☐ Delete
 NAME **RESTREPO, DARIO**
 STREET ADDRESS **8750 N.W. 36 STREET**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
 NAME **Juan Manuel Echavarria**
 STREET ADDRESS **Jacaranda Post Net #01-101601**
 CITY-ST-ZIP **PO Box 02-5488 Miami, FL 33102-5488**

TITLE **D** ☒ Change ☐ Addition
 NAME **Enrique Garces**
 STREET ADDRESS **Jacaranda Post Net #01-101601**
 CITY-ST-ZIP **PO Box 02-5488 Miami, FL 33102-5488**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
 NAME **John Jairo Pelaez**
 STREET ADDRESS **Jacaranda Post Net #01-101601**
 CITY-ST-ZIP **PO Box 02-5488 Miami, FL 33102-5488**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)