

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90046 002 ****61.25

DOCUMENT # N99000004286

1. Entity Name

FLIGHTWAY CORPORATE PARK CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

C/O HAYDEE CEBALLOS, C.P.A.
 354 SEVILLA AVENUE
 CORAL SPRINGS FL 33134

C/O HAYDEE CEBALLOS, C.P.A.
 354 SEVILLA AVENUE
 CORAL SPRINGS FL 33134-6615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0981407

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

Name

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

City

FL

Zip Code

CEBALLOS, HAYDEE CPA
354 SEVILLA AVENUE
CORAL GABLES FL 33134

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 \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	DE MELO PIMENTA, JOSUE	354 SEVILLA AVENUE	CORAL SPRINGS FL 33134	<input type="checkbox"/>	Delete				
DPS	CEBALLOS, HAYDEE CPA	354 SEVILLA AVENUE	CORAL SPRINGS FL 33134	<input type="checkbox"/>	Delete				
D	FRANCISCO, VALTER JOSE	354 SEVILLA AVENUE	CORAL SPRINGS FL 33134	<input type="checkbox"/>	Delete				
				<input type="checkbox"/>	Delete				
				<input type="checkbox"/>	Delete				
				<input type="checkbox"/>	Delete				
				<input type="checkbox"/>	Delete				

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:

Haydee Ceballos
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

4/28/00 (305) 448-5255

CR2E037 (9/99)