

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90047 027 ****61.25

DOCUMENT # N99000004286

1. Entity Name

FLIGHTWAY CORPORATE PARK CONDOMINIUM ASSOCIATION, INC.

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

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

CEBALLOS, HAYDEE CPA
354 SEVILLA AVENUE
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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 **D** ☐ Delete
 NAME **DE MELO PIMENTA, JOSUE**
 STREET ADDRESS **354 SEVILLA AVENUE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33134**

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

TITLE **DPS** ☐ Delete
 NAME **CEBALLOS, HAYDEE CPA**
 STREET ADDRESS **354 SEVILLA AVENUE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33134**

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

TITLE **D** ☐ Delete
 NAME **FRANCISCO, VALTER JOSE**
 STREET ADDRESS **354 SEVILLA AVENUE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33134**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Haydee Ceballos **HAYDEE CEBALLOS**

4/23/02 305 448-5255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)