

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722782

1. Entity Name

MIAMI LAKES BUSINESS ASSOCIATION, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90184 026 \*\*\*\*61.25

Principal Place of Business 7333 MIAMI LAKES DR SUITE 222 MIAMI LAKES FL 33014 US	Mailing Address 7333 MIAMI LAKES DR SUITE 222 MIAMI LAKES FL 33014-6903 US
---	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
--	--	---------



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1735450	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  FEATHERS, EDWIN E 6843 MAIN ST MIAMI LAKES FL 33014
--

7. Name and Address of New Registered Agent 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 \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	D GRAVELINE, DAVE 16415 NW 67TH AVE MIAMI LAKES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYLOR, MARLENE 15535 MIAMI LAKEWAY N #205 MIAMI LAKES FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANNAGAN, JOYCE 7333 MIAMI LAKES DR #222 MIAMI LAKES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>BARBER, JIM</del> <del>7333 MIAMI LAKE DR #222</del> <del>MIAMI FL</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FALERO, MARA L 6600 COW PEN RD MIAMI LAKES FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mara L. Falero* **RECORDED** *3/27/00 (505) 821-7060*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)