

DOCUMENT # 734555

1. Entity Name

BENT TREE PARCEL NO. 1-B ASSOCIATION, INC.

Principal Place of Business

BENT TREE PARCEL 1B
13388 SW 128 ST.
MIAMI FL 33186
US

Mailing Address

BENT TREE PARCEL 1B
13388 SW 128 ST.
MIAMI FL 33186-5807
US

2. Principal Place of Business

9045 S.W. 96 Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 143243

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL 33116-3243

4. FEI Number

59-1650259

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

Country

USA

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

BAKALAR, SUSAN P P.A.
2240 SW 70TH AVE., SUITE D
DAVIE FL 33317

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	☐ Delete
NAME	LOPEZ-CRUZ, ADALYS	
STREET ADDRESS	5505 SW 138 CT.	
CITY-ST-ZIP	MIAMI FL 33175	

TITLE	D/President	☒ Change ☐ Addition
NAME	Adalys Lopez-Cruz	
STREET ADDRESS	10145 SW 141 Ct	
CITY-ST-ZIP	Miami, FL 33186	

TITLE	Director	☐ Delete
NAME	MILJAN, HERMENGILDO	
STREET ADDRESS	5401 SW 138 PLACE	
CITY-ST-ZIP	MIAMI FL 33175	

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

TITLE	D/P	☒ Delete
NAME	SANTOS, ROLANDO	
STREET ADDRESS	5412 SW 138 AVE	
CITY-ST-ZIP	MIAMI FL 33175	

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

TITLE	DVP Vice President	☐ Delete
NAME	KASNER, LOIS	
STREET ADDRESS	5407 S.W. 138TH PL.	
CITY-ST-ZIP	MIAMI FL 33175	

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Ann Carpenter, Secty	☐ Change ☒ Addition
NAME	5410 SW 139 Ct	
STREET ADDRESS	Miami, FL 33175	
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	James Oakley, Director	☐ Change ☒ Addition
NAME	5301 SW 139 Pl.	
STREET ADDRESS	Miami, FL 33175	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007/18/99