

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734555

1. Entity Name

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

FILED

Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90047 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

9045 SW 96 AVE  
MIAMI FL 33176  
US

PO BOX 163243  
MIAMI FL 33116-3243  
US

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

59-1650259

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
D/P  
LOPEZ-CRUZ, ADALYS  
STREET ADDRESS  
10145 SW 141 CT  
CITY-ST-ZIP  
MIAMI FL 33186 ☐ Delete

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

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

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

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

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

TITLE  
NAME  
S  
CARPENTER, ANN  
STREET ADDRESS  
5410 SW 139 CT  
CITY-ST-ZIP  
MIAMI FL 33175 ☐ Delete

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

TITLE  
NAME  
D  
OAKLEY, JAMES  
STREET ADDRESS  
5301 SW 139 PL  
CITY-ST-ZIP  
MIAMI FL 33175 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/02 (305) 273-6101

CR2E037 (9/01)