

# 2000 UNIFORM BUSINESS REPORT (UBR)

07-19-2000 90022 016\*\*\*\*61.25

**DOCUMENT # 741733**

1. Entity Name

**EVERGREEN HOMES VILLAGE HOMEOWNERS ASSOCIATION, I**

**FILED**

**00 JUL 19 AM 8:08**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

Principal Place of Business 17250 NE 19th Ave. North Miami Beach, Fl. 33162	Mailing Address 17250 NE 19th Ave North Miami Beach, Fl. 33162
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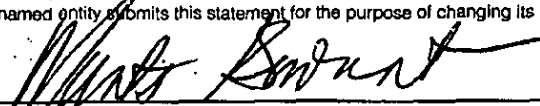
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-2350354</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent MJB MANAGEMENT SERVICES, INC. 17250 NE 19th Ave. North Miami Beach, FL 33162	7. Name and Address of New Registered Agent Name MJB Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 17250 NE 19th Ave. City North Miami Beach FL 33162
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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:  DATE: 7/11/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOT, GLORIA 14046 SW 58 LN MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Martinez, Karina 14055 SW 57th Terr Miami, Fl. 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KHAN, MOHAMMAD 14046 SW 57 TERR MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Khan, Mohammad 14046 SW 57th Terr Miami, Fl. 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANEIROS, ESTHER D 13956 S.W. 56 LANE MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Guzman, Rachael 5655 SW 140th Pl Miami, Fl. 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPINOSA, MIKE 5641 SW 139 PL MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Santos, Gregorio 14061 SW 57th Terr Miami, Fl. 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JAYSON W 5636 W 140 PL MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Padilla, Enrique 5702 SW 140 th Ave Miami, Fl. 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ABBOTT, DONALD 14046 SW 58 LN MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D De La Paz, Lourdes 13900 SW 56th Lane Miami, Fl. 33183

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:  DATE: 7/11/00 DAYTIME PHONE #: 205-940-8795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF 617 (99)

**KE**