

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746877

1. Entity Name

LES CHALET HOMEOWNERS ASSOCIATION, INC.



FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90039 009 ****61.25

Principal Place of Business

10642 SW 23RD TERR
 MIAMI FL 33165
 US

Mailing Address

P.O. BOX 653135
 MIAMI FL 33265-3135
 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

59-2266500

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

GROOP, S.P. M.
 2151 LE JEUNE ROAD, SUITE 305
 ATTN: CARLOS ARTEAGA
 CORAL GABLES FL 33134

Name SPM GROUP, INC
 Street Address (P.O. Box Number is Not Acceptable)
2500 NW 97th Avenue
Suite # 200
 City Miami FL Zip Code 33172

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

Sandra Buriel

7/26/00

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
After September 13, 2000 min. will be \$236.25

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	P	<input checked="" type="checkbox"/> Delete
NAME	PARLE, J	
STREET ADDRESS	9040 SW 9TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FITERRE, JORGE	
STREET ADDRESS	2029 SW 105TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DATA, PABLO	
STREET ADDRESS	2242 SW 105 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUENAS, G	
STREET ADDRESS	10522 SW 22 LN	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, ENRIQUE	
STREET ADDRESS	2322 SW 106TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emilia Nayor	
STREET ADDRESS	10601 SW 20th Terrace	
CITY-ST-ZIP	Miami FL	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucy Garcia	
STREET ADDRESS	10642 SW 22 Terrace	
CITY-ST-ZIP	Miami FL	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alejandro Troetch	
STREET ADDRESS	2310 SW 106 Court	
CITY-ST-ZIP	Miami FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dolores Martinez	
STREET ADDRESS	10602 SW 22 Terrace	
CITY-ST-ZIP	Miami FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Humberto PARRILLA	
STREET ADDRESS	10621 SW 20 Terr	
CITY-ST-ZIP	Miami FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Sandra Buriel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/00 (305) 444-6757

Date

Daytime Phone #

CR2E037 (5/00)