

2000 UNIFORM BUSINESS REPORT (UBR)

2/20/00-90013-023-\$61.25-\$61.25

DOCUMENT # 747561

1. Entity Name

THE HORIZONS CONDOMINIUM NO. 4 ASSOCIATION, INC.

Principal Place of Business

8055 SW 107TH AVENUE
MIAMI FL 33173

Mailing Address

14275 SW 142 AVE
MIAMI FL 33186-6715
US

FILED

00 MAR 10 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1912488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRAY CARLOS A
999 PONCE DE LEON BLVD.
STE. 1110
CORAL GABLES FL 33134

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	TD	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, JOSEPHINE	
STREET ADDRESS	8015 SW 107TH AVE #108	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STRASHUN, RUTH	
STREET ADDRESS	8015 S.W. 107 AVE. #308	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, LEO	
STREET ADDRESS	8015 S.W. 107 AVE. #203	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BECKER, HAROLD	
STREET ADDRESS	8015 SW 107 AVE #206	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRANT, MAURICE	
STREET ADDRESS	8015 SW 107 AVE #120	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	TREASURER / Director	<input type="checkbox"/> Delete
NAME	KEITH OXLEY	
STREET ADDRESS	8015 SW 107 AVE. #218	
CITY-ST-ZIP	MIAMI, FL 33173	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY / Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESUS POLO	
STREET ADDRESS	8015 SW 107 AVE. #216	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)