

# UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

0091853

05-16-2001 90048 004 \*\*\*\*61.25

**DOCUMENT # 751817**

1. Entity Name

**TAMIAMI LAKES SECTION 2 HOMEOWNERS ASSOCIATION,**

Principal Place of Business

Mailing Address

C/O J&M CONDO MNGMT & MAINTEN. INC.  
 221 SW 22ND AVE #219  
 MIAMI FL 33135

275 FONTAINE BLVD  
 200  
 MIAMI FL 33172  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2070613**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KABA, MOISES  
 1800 SW 8TH ST  
 MIAMI FL 33135

Name **JY-M MANAGEMENT INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**275 FONTAINE BLEAU BLVD.**

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

*Ronald V. Medina*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/26/01**

**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	PD	<input checked="" type="checkbox"/> Delete
NAME	KABA, MOISES	
STREET ADDRESS	1936 SW 136TH PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIVEROL, SIXTO	
STREET ADDRESS	2056 SW 136TH PL	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TURINO, JOSE	
STREET ADDRESS	1856 SW 136 PL	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GARRANDES, CARLOS JUAN	
STREET ADDRESS	2137 SW 136 PL	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGGIE TURINO	
STREET ADDRESS	1856 SW 136 PL	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input checked="" 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]* **SIGNATURE REQUIRED**

**1-15-01**

CR2E037 (10/00)