07

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 14 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755658

1. Entity Name

HORIZONS West # 2 ASSOC.

DO NOT WRITE IN THIS SPACE

900008599689
10/25/02--01109--003 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8420 S.W. 133 AVE RD	13000 S.W. 133 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL.	City & State: Miami, FL.
Zip: 33183 Country: USA.	Zip: 33186 Country: USA

4. FEI Number: 59-2066759 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOE SORDIA

Street Address (P.O. Box Number is Not Acceptable): 13000 SW 133 Ct

City: Miami FL Zip Code: 33186

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: _____ 5-22-02

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

FEE IS $61.25 Initial or Amended UBR

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: PD NAME: Estrada, Silvia STREET ADDRESS: 13000 S.W. 133 Ct CITY-ST-ZIP: Miami, FL 33186	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VPD NAME: Rodriguez, Emma STREET ADDRESS: 13000 S.W. 133 Ct CITY-ST-ZIP: Miami, FL. 33186.	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: SD NAME: Dominguez, Natividad STREET ADDRESS: 13000 S.W. 133 Ct CITY-ST-ZIP: Miami, FL. 33186	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: DO NOT WRITE
TITLE: TD NAME: Garcia, Abel STREET ADDRESS: 13000 S.W. 133 Ct CITY-ST-ZIP: Miami, FL. 33186	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: IN THIS SPACE
TITLE: D NAME: Alpert, Marc STREET ADDRESS: 13000 S.W. 133 Ct CITY-ST-ZIP: Miami, FL. 33186	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Silvia Estrada 5-22-02 259-6202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/19