

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758221

1. Entity Name

CARMEL FOREST HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90059 046 ****61.25

Principal Place of Business

Mailing Address

3666 SW 57TH AVE.
 MIAMI FL 33155

3666 SW 57TH AVE.
 MIAMI FL 33155-5073

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2345849

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ESCALONA, FABIO
 3604 SW 57TH AVE
 MIAMI FL 33155

7. Name and Address of New Registered Agent

Name: Arturo Del Rio
 Street Address (P.O. Box Number is Not Acceptable): 3634 SW 57th Ave
 City: Miami, FL Zip Code: 33155

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

Jan 5, 2000

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 type="checkbox"/> Delete
NAME	SIMAN, JOSE	
STREET ADDRESS	3646 SW 57TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ESCALONA, FABIO	
STREET ADDRESS	3604 SW 57TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAWSON, SCOTT	
STREET ADDRESS	3642 SW 57 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEL RIO, ARTURO	
STREET ADDRESS	3634 SW 57TH AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BUCKLEY, JOHN	
STREET ADDRESS	3638 SW 57TH AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same	
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	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President + Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Del Rio, Arturo	
STREET ADDRESS	3634 SW 57th Ave	
CITY-ST-ZIP	Miami, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Simons, Charles	
STREET ADDRESS	3646 SW 57th Ave	
CITY-ST-ZIP	Miami, FL 33155	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Handwritten Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: John D Buckley 1/5/2000 305 667 4883

Date

Daytime Phone #