

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90497 036 ****61.25

DOCUMENT # 767919 ✓
 1. Entity Name
 Lake Arbor Village Homeowners Assoc.
 Unit Six, Inc.

Principal Place of Business Mailing Address
 P.O. BOX 171267 P.O. BOX 171267
 Hialeah, FL 33017 Hialeah, FL 33017

00056815.

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 59-2693715 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 L. GLENDALE
 19452 NW 51 PL
 MIAMI, FL. 33055

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	Glendale, Leonard	
STREET ADDRESS	19450 NW 51 PL	
CITY-ST-ZIP	Miami, FL 33055	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	Gerace, Joseph	
STREET ADDRESS	19564 NW 51 PL	
CITY-ST-ZIP	Miami, FL 33055	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Alvarez, Norah	
STREET ADDRESS	19448 NW 51 PL	
CITY-ST-ZIP	Miami, FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	Marshall, Mervin	
STREET ADDRESS	5053 NW 195 Lane	
CITY-ST-ZIP	Miami, FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Perez, Sergio	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	5114 NW 194 Lane	DIRECTOR
CITY-ST-ZIP	Miami, FL 33055	
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		

CR2E037 (11/00)

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: Leonard Glendale LEONARD GLENDALE 4/30/01 (305) 625-8424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #