

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770212

1. Entity Name

CUTLER GARDNES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90045 012 \*\*\*\*61.25

Principal Place of Business % COMPLETE & RELIABLE 9745 SW 72ND ST., STE 211 MIAMI FL 33173 US	Mailing Address % COMPLETE & RELIABLE 9745 SW 72ND ST., STE 211 MIAMI FL 33173-4658 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>54-1047781</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRIAI, CARLOS A ESQ  
 % COMPLETE AND RELIABLE  
 9745 SW 72ND ST, #211  
 MIAMI FL 33173

7. Name and Address of New Registered Agent

Name: Carlos Ramirez  
 Street Address (P.O. Box Number is Not Acceptable): 7100 S.W. 99 Ave., #204  
 City: Miami FL Zip Code: 33173

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] DATE: 2/11/2000

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

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DUKES, DARRLY</b>	
STREET ADDRESS	<b>20111 S.W. 123 DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON, VIRGINIA</b>	
STREET ADDRESS	<b>20027 S.W. 123 DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>BRAHAM, CAROL</b>	
STREET ADDRESS	<b>20105 S.W. 123 DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>CHIN, MARION</b>	
STREET ADDRESS	<b>20119 S.W. 123 DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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		<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] DATE: 2/11/2000 DAYTIME PHONE #: 305-598-4068

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E037 (9/99)