

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/28

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90072 039 \*\*\*\*61.25

**DOCUMENT # N00000002343**

1. Entity Name

**LAS CASCADAS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7270 NW 12 STREET SUITE 410  
 MIAMI FL 33126

7270 NW 12 STREET SUITE 410  
 MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1025159

Applied For

Not Applicable

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

**ALBA-REILLY, KEYLA**  
 7270 NW 12 STREET SUITE 410  
 MIAMI FL 33126

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RABELL, LUIS	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7270 NW 12 STREET SUITE 410		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33126		CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DE LA FUENTE, EMILIANO JR		NAME	
STREET ADDRESS 7270 NW 12 STREET SUITE 410		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33126		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALBA-REILLY, KEYLA		NAME	
STREET ADDRESS 7270 NW 12 STREET SUITE 410		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33126		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

*Wayne Norris*  
 7270 NW 12 St. Ste. 410  
 Miami, FL 33126

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:

*Wayne Norris SPUP & CFO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01

Date

305-594-8100

Daytime Phone #

CR2E037 (10/00)