

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004097

1. Entity Name

VENEZIA LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

14260 S.W. 119TH AVENUE  
MIAMI FL 33186-6110

Mailing Address

14260 S.W. 119TH AVENUE  
MIAMI FL 33186-6110

2. Principal Place of Business

11755 SW 90 St.

Suite, Apt. #, etc.

Suite 203

City & State

Miami FL

Zip

33176

Country

USA

3. Mailing Address

11755 SW 90 St.

Suite, Apt. #, etc.

Suite 203

City & State

Miami FL

Zip

33176

Country

USA

FILED

01 FEB -5 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

\$61.25

4. FEI Number

65-1024127

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, CARLOS E  
14260 S.W. 119TH AVENUE  
MIAMI FL 33186-6110

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11755 SW 90 St.

Suite 203

City

Miami

FL

Zip Code

33176

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

1-5-01

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 PD  
NAME MARTINEZ, FERNANDO  
STREET ADDRESS 14260 S.W. 119TH AVENUE  
CITY-ST-ZIP MIAMI FL 33186-6110

☐ Delete

TITLE VD  
NAME HERRERA, TAMMY G  
STREET ADDRESS 14260 S.W. 119TH AVENUE  
CITY-ST-ZIP MIAMI FL 33186-6110

☐ Delete

TITLE STD  
NAME MURRAY, CARLOS  
STREET ADDRESS 14260 S.W. 119TH AVENUE  
CITY-ST-ZIP MIAMI FL 33186-6110

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-01

CR2E037 (10/00)