

2001 UNIFORM BUSINESS REPORT (UBR)

17

FILED
Mar 09, 2001 8:00 am
Secretary of State

01-23-2001 90124 023 ****61.25

DOCUMENT # N00000004408

1. Entity Name

KARLAN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3965 S.W. 6TH STREET
 MIAMI FL 33134

Mailing Address

3965 S.W. 6TH STREET
 MIAMI FL 33134

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

65-1035192

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MULLER, ARNOLDO A
2520 S.W. 22ND STREET, #7
MIAMI FL 33145

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MULLER, ARNOLDO A	
STREET ADDRESS	3965 S.W. 6TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LAGAR, ANA	
STREET ADDRESS	11244 S.W. 33RD CIRCLE PLACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOPEZ-FRAGA, RITA	
STREET ADDRESS	11215 S.W. 33RD CIRCLE PLACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAYADO, ISABEL	
STREET ADDRESS	11228 S.W. 33RD CIRCLE PLACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAYADO, ISABEL	
STREET ADDRESS	11228 S.W. 33RD CIRCLE PLACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARDOSO, GUEDELIA	
STREET ADDRESS	11257 S.W. 33RD CIRCLE PLACE	
CITY-ST-ZIP	MIAMI FL 33165	

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	
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:

Arnoldo A. Muller
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01 305-856-6899

DATE

Daytime Phone #

CR2E037 (10/00)