

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006968

1. Entity Name

MELROSE LANDING AT EDEN LAKES 2 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2189 SW 60TH STREET  
MIAMI FL 33016

2189 SW 60TH STREET  
MIAMI FL 33016

2. Principal Place of Business

2189 W 60ST.

3. Mailing Address

2189 W 60ST.

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

Suite 205

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33016

Country

USA

Zip

33016

Country

USA

4. FEI Number

01-0632043

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

FANO, JOSE E  
2189 SW 60TH STREET  
MIAMI FL 33016

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  
NAME FANO, JOSE E  
STREET ADDRESS 2189 SW 60TH STREET SUITE 205  
CITY-ST-ZIP MIAMI FL 33016 ☐ Delete

TITLE VPD  
NAME FERRO, MARIO  
STREET ADDRESS 2189 SW 60TH STREET SUITE 205  
CITY-ST-ZIP MIAMI FL 33016 ☐ Delete

TITLE SD  
NAME FANO, TANIA  
STREET ADDRESS 2189 SW 60TH STREET SUITE 205  
CITY-ST-ZIP MIAMI FL 33016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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 17, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 21, 2002 8:00 am  
Secretary of State

02-21-2002 90063 046 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)