

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90085 019 \*\*\*\*61.25

**DOCUMENT # N16599**

1. Entity Name

**THE ATRIUM HOMES AT THE HAMMOCKS HOMEOWNERS ASSO**

Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT  
 14275 SW 142 AVENUE  
 MIAMI FL 33196

C/O MIAMI MANAGEMENT  
 14275 SW 142 AVENUE  
 MIAMI FL 33186-6715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2811892**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TRIAY, CARLOS A ESQ**  
**999 PONCE DE LEON BLVD.**  
**STE. 110**  
**CORAL GABLES FL 33134**

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	CABRERA, TONY	
STREET ADDRESS	11080 SW 155TH PL	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	MCPHERSON, JOHN	
STREET ADDRESS	10951 SW 155 PLACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CABRERA, GILDINA	
STREET ADDRESS	11080 SW 155 PLACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Argentina Castillo	
STREET ADDRESS	15570 SW 111 Terrace	
CITY-ST-ZIP	Miami FL 33196	
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 info empowered.

**SIGNATURE:** *SIGNATURE REQUIRED*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00  
 Date

Daytime Phone #

CR2E037 (9/99)