

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90304 004 ****61.25

0044502

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 33196**

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIAI, 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|-------|----------------------------|---------------------|----------------|---------------------------------|-------|--------------------|----------------------|----------------|--|
| | PD CABRERA, TONY | 11080 SW 155TH PL | MIAMI FL 33196 | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | DST CASTELLA, ARGENTINA | 1570 SW 111 TERRACE | MIAMI FL 33196 | <input type="checkbox"/> Delete | | Treasurer/Director | 15570 SW 111 TERRACE | MIAMI FL 33196 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | VPD CABRERA, GILDINA | 11080 SW 155 PLACE | MIAMI FL 33196 | <input type="checkbox"/> Delete | | Secretary/Director | 11001 SW 195 PLACE | MIAMI FL 33186 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (10/00)