

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90090 032 \*\*\*\*61.25

**DOCUMENT # N16599**

1. Entity Name  
**THE ATRIUM HOMES AT THE HAMMOCKS HOMEOWNERS ASSO  
CIATION INC.**



Principal Place of Business  
**C/O MIAMI MANAGEMENT  
14275 SW 142 AVENUE  
MIAMI FL 33196**

Mailing Address  
**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

Zip

Country

Zip

Country

4. FEI Number **59-2811892**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  
NAME **CABRERA, TONY**  Delete  
STREET ADDRESS **11080 SW 155TH PL**  
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **Secretary/Director**  Change  Addition  
NAME **Sandra Kramer**  
STREET ADDRESS **15541 SW 109 Terrace**  
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **SD**  
NAME **CONTRACTOR, NORALIS**  Delete  
STREET ADDRESS **11001 SW 155 PLACE**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VT**  
NAME **CABRERA, GILDINA**  Delete  
STREET ADDRESS **11080 SW 155TH PL**  
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **CABRERA**  Change  Addition  
NAME **(last name spelling)**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change  Addition  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TONY Cabrera, President** Date **2/10/03** Daytime Phone **305-388-6878**

CR2E037 (10/02)