

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19201

1. Entity Name

AMARETTO OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

179 S.W. 131 AVE.
% THE CONTINENTAL GROUP
MIAMI FL 33186

12079 S.W. 131 AVE.
% THE CONTINENTAL GROUP
MIAMI FL 33186

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

65-0006381

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

HYMAN AND KAPLAN, P. A. , GARY MARS ESQ.
150 WEST FLAGLER STREET
MUSEUM TOWER SUITE 2701
MIAMI FL 33130

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 TD
NAME SANDY FERNANDEZ
STREET ADDRESS 11860 SW 98TH TERR
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

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

TITLE D
NAME DIEGO, WAWJO
STREET ADDRESS 9858 SW 118 AVE
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE Pres
NAME Howard Friedlander
STREET ADDRESS 11850 SW 98 Terrace
CITY-ST-ZIP Miami FL 33186 ☐ Change ☐ Addition

TITLE SD
NAME PAREDES, CARLOS MANOLO
STREET ADDRESS 11798 SW 100 ST.
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE VP
NAME Jeffery Leveine
STREET ADDRESS 10119 SW 117 Court
CITY-ST-ZIP Miami FL 33186 ☐ Change ☐ Addition

TITLE VPD
NAME DIAZ, MARTIN
STREET ADDRESS 11794 SW 100 STREET
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE Tres
NAME Bruce Cuthbertson
STREET ADDRESS 635 Allemdale Road
CITY-ST-ZIP Key Biscayne FL 33149 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/26/02 3055953829

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90007 007 ****61.25

B0027994



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)