

UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90107 040 ****61.25

DOCUMENT # N96000001179

1. Entity Name

HOMES OF DORAL LANDINGS COMMUNITY ASSOCIATION, I

(Handwritten circle with 'R')

Principal Place of Business 760 NW 107TH AVENUE SUITE 201 MIAMI FL 33172	Mailing Address 760 NW 107TH AVENUE SUITE 201 MIAMI FL 33172-3155
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2. Principal Place of Business <i>d/o</i> J & M Condo Management & Maintenance, Inc. Suite, Apt. # 275 Fontainebleau Blvd., Suite 200 Miami, FL 33172	3. Mailing Address <i>d/o</i> J & M Condo Management & Maintenance, Inc. Suite, Apt. # 275 Fontainebleau Blvd., Suite 200 Miami, FL 33172
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0650897	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAIGE, ROBERT ESQ
 11440 NORTH KENDALL DRIVE
 PENTHOUSE 400
 MIAMI FL 33176

7. Name and Address of New Registered Agent
 Name: **Michael E. Rehr, Esq.**
 Street Address (P.O. Box Number is Not Acceptable):
15 Valencia Ave (4th Fl.)
 City: **CORAL Gables** FL Zip Code: **33134**

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 *(Handwritten Signature)*
 Signature, typed or printed name of registered agent and title if applicable.

(Handwritten Date: 6/12/00)
 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: SLOAN, PATRICIA STREET ADDRESS: 760 NW 107 AVE #201 CITY-ST-ZIP: MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE: VD NAME: RODRIGUEZ, ALEX STREET ADDRESS: 760 N.W. 107 AVE. #201 CITY-ST-ZIP: MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE: VD NAME: CRUZ, DEANNA STREET ADDRESS: 760 NW 107 AVE #201 CITY-ST-ZIP: MIAMI FL 33172	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P NAME: EDGAR BUTTERFIELD STREET ADDRESS: 275 Fontainebleau Blvd #200 CITY-ST-ZIP: MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: JOSE GOMEZ STREET ADDRESS: 275 Fontainebleau Blvd #200 CITY-ST-ZIP: MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: ADRIAN COSTO STREET ADDRESS: 275 Fontainebleau Blvd #200 CITY-ST-ZIP: MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: MAGALY HAMM STREET ADDRESS: 275 Fontainebleau Blvd #200 CITY-ST-ZIP: MIAMI FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<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 authority to be discovered.

SIGNATURE: *(Handwritten Signature)* President *(Handwritten Date: 6-19-00)*

CR2E037 (9/99)