1/21/00-90092-001-$61.25-$61.25

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FILED
Apr 24, 2000 8:00 am
Secretary of State
01-21-2000 90092 001 ****61.25

1. Entity Name

BENT TREE PARCEL NO. 1-B ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BENT TREE PARCEL 1B 13388 SW 128 ST. MIAMI FL 33186 US	BENT TREE PARCEL 1B 13388 SW 128 ST. MIAMI FL 33186-5807 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9045 S.W. 96 Avenue	P.O. Box 163243
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, Fl 33116-3243
Zip: 33176 Country: USA	Zip: Country: USA

4. FEI Number: 59-1650259 ☐ 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
BAKALAR, SUSAN P P.A. 2240 SW 70TH AVE., SUITE D DAVIE FL 33317	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	D/P. LOPEZ-CRUZ, ADALYS 5505 SW 138 CT. MIAMI FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/President Adalys Lopez-Cruz 10145 SW 141 Ct Miami, Fl 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director MILIAN, HERMENGILDO 5401 SW 138 PLACE MIAMI FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.T. SANTOS, ROLANDO 5412 SW 138 AVE MIAMI FL 33175	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Vice President KASNER, LOIS 5407 S.W. 138TH PL. MIAMI FL 33175	☐ 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	Ann Carpenter, Secty 5410 SW 139 Ct Miami, Fl. 33175	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	James Oakley, Director 5301 SW 139 Pl. Miami, FL. 33175	☐ Change ☒ Addition

CR2E037 (9/99)

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 Date Daytime Phone #