FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 12, 2001 8:00 am **DOCUMENT # 743828 Secretary of State** 1. Entity Name 03-12-2001 90481 006 \*\*\*\*61.25 WOODGATE ASSOCIATION, INC. Mailing Address Principal Place of Business 6908 SW 128TH CT 6908 SW 128TH CT MIAMI FL 33183 MIAMI FL 33183 C0032995 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1866638 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) YABLIN, ARNOLD <del>-698-S-FEDERAL HW</del>Y TOLLYWOOD BLUD HOLLYWOOD FL-33020\_ 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 uired when reinstation) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **VPD** Secretary X Addition TITLE TITLE ☐ Change Delete STEIN, ART Russ NAME NAME BRANTLE STREET ADDRESS 6631 SW 128 CT STREET ADDRESS 6615 SW 12 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 \* DIRECTOR TITLE ☐ Delete TITLE ☐ Change ■ Addition BANKS, TYRONE NAME NAME STREET ADDRESS STREET ADDRESS 6950 SW 128 RD CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33183 TITLE ☐ Delete TITLE ☐ Change Addition PROUT, JAMES NAME STREET ADDRESS STREET ADDRESS 12831 SW 66 TERR DR CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33183** BVP TITLE ☐ Delete TITLE ☐ Change Addition PAPPAS, GEORGE NAME STREET ADDRESS STREET ADDRESS 12841 SW 66 TR DR CITY-\$T-ZIP CITY-ST-ZIP MIAMI FL 33183 ☐ Delete TITLE Change TITLE ☐ Addition NAME ALVAREZ, CELIA NAME STREET ADDRESS STREET ADDRESS 12840 SW 67TH TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

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2/27/01 305-233-9678