

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90120 041 ****70.00

DOCUMENT # 721054



1. Entity Name
**MIAMI LAKES LAKE MARTHA HOMEOWNERS ASSOCIATION N
O.2, INC.**

Principal Place of Business
**HIALEAH LAKES STATION
BOX 4355
MIAMI LAKES FL 33014**

Mailing Address
**HIALEAH LAKES STATION
BOX 4355
MIAMI LAKES FL 33014**

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 **59-2708924**

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

**WAUD, CAROL A
7050 W 2ND LANE
HIALEAH FL 33014-5314**

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	D	<input checked="" type="checkbox"/> Delete
NAME	CATLETT, JAMES	
STREET ADDRESS	7260 JACARANDA LANE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SELTZER, ARNOLD	
STREET ADDRESS	7248 JACARANDA LANE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RUSSO, MICHAEL	
STREET ADDRESS	7206 JACARANDA LN	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JANE SPIVEY	
STREET ADDRESS	7258 JACARANDA LANE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, GORDON	
STREET ADDRESS	7248 JACARANDA LN	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MARTINEZ, JOSE LUIS	
STREET ADDRESS	6926 HOLLY ROAD	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL LANHAM	
STREET ADDRESS	7124 LAUREL LANE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDDIE BLANCO	
STREET ADDRESS	7218 JACARANDA LANE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

1/28/03 305-826-0628

CR2E037 (10/02)