

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

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90123 001 \*\*\*\*61.25  
02-07-2003 90123 002 \*\*\*\*8.75

**DOCUMENT # N01000005689**

1. Entity Name

**MYSTIC FOREST HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**9240 SW 72ND STREET, SUITE #216  
MIAMI FL 33173**

Mailing Address

**9240 SW 72ND STREET, SUITE #216  
MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address

**UNLIMITED MANAGEMENT SERV.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 44 0067**

City & State

City & State

**MIAMI FL**

Zip

Country

Zip

Country

**33144**

4. FEI Number **01-0575382**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



00000100

6. Name and Address of Current Registered Agent

**SARMINETO, ANTONIO  
9240 SW 72ND STREET, SUITE #216  
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name

**ANICIA MORALES**

Street Address (P.O. Box Number is Not Acceptable)

**11890 SW 85TH SUITE #100**

City

**MIAMI**

**FL**

Zip Code

**33188**

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

*Anicia Morales*  
**ANICIA MORALES**

*Anicia Morales*

(NOTE: Registered Agent signature required when reinstating)

**01/07/03**

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

TITLE **D** ☐ Delete  
NAME **SARMINETO, ANTONIO**  
STREET ADDRESS **9240 SW 72ND STREET, SUITE #216**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☐ Delete  
NAME **COBAS, MARIO**  
STREET ADDRESS **9240 SW 72ND STREET, SUITE #216**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☐ Delete  
NAME **REDONDO, JORGE**  
STREET ADDRESS **9240 SW 72ND STREET, SUITE #216**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 a similar like empowered.

SIGNATURE

*Antonio A. Sarmineto*  
**ANTONIO A. SARMINETO**

**Antonio A. Sarmineto - Director**  
**1/6/03 (305) 588-6120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)