

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 256279

1. Entity Name  
RO-LEN LAKE GARDENS "B" CORPORATION

Principal Place of Business

714 S W 11TH AVE  
HALLANDALE FL 33009

Mailing Address

714 S W 11TH AVE  
HALLANDALE FL 33009

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FRASCIELLO, ~~DOROTHY~~ DANTE  
820 SW 11 AVE - APT. B8  
HALLADALE FL 33009

7. Name and Address of New Registered Agent

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: *Dante Frasciello*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE: D  
NAME: LOBALO, ANNA  
STREET ADDRESS: 820 SW 11 AVE B 17  
CITY-ST-ZIP: HALLANDALE FL ☐ Delete

TITLE: STD  
NAME: VALLINCOORT, JEANNE D  
STREET ADDRESS: 820 SW 11 AVENUE SW 11 AVE B 6  
CITY-ST-ZIP: HALLANDALE FL 33009 ☐ Delete

TITLE: ~~STD~~ D  
NAME: FRASCIELLO, ~~DOROTHY~~ DANTE  
STREET ADDRESS: 820 SW 11 AVE B8  
CITY-ST-ZIP: HALLANDALE FL ☐ Delete

TITLE: PD  
NAME: BOURQUE, LAVRENT  
STREET ADDRESS: 820 SW 11 AVE B-19  
CITY-ST-ZIP: HALLANDALE FL ☐ Delete

TITLE: D  
NAME: GUILLIFA, ANN  
STREET ADDRESS: 800 SW 11 AVENUE #11  
CITY-ST-ZIP: HALLANDALE FL ☐ Delete

TITLE: DV  
NAME: GISMELLARO, B J  
STREET ADDRESS: 820 SW 11 AVE B-20  
CITY-ST-ZIP: HALLANDALE FL ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE: ☒ Change ☐ Addition  
NAME: VLD YOLA MORENO  
STREET ADDRESS: 820 S.W. 11 AVE - B1Y  
CITY-ST-ZIP: HALLANDALE, FL 33009

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lavrent Bourque*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90012 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)