## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 708523 1. Entity Name

WHISPE	RING PINES CIVIC ASSO		Secreta 03-01-2000					
Principal Plac	e of Business	Mailing Address		<del>_</del>				
HILDA CIVIDAI 8802 SW 192N MIAMI FL 3315 US	ID STREET	P.O. BOX 571262 Miami FL 33257-1262 US	MIAMI FL 33257-1262					
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address	3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE		
		Suite, Apt. #, etc.						
City & State		City & State	City & State		4. FEI Number 59-6192618			
Zip	Country	Zip	Counti	у	5. Certificate of Status Desired			
	6. Name and Address of Cur	rent Registered Agent			7. Name and Address of New Re			
				Name				
HILDA CIV	/IDANES	-	Street Addres		ss (P.O. Box Number is Not Acceptable)			
	192ND STREET		ļ		<del>_</del>	<del></del>		
MIAMI FL 33157			<u> </u>		W.			
				City ————				
8. The above				·		n the state of Flor		
	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered A	gent signature rec	juired when reinstating)			
	FILE NOW: FEE IS \$61.25				<b>5.00</b> May Be dded to Fees			
10.	IO. OFFICERS AND DIRE		CTORS 11.		ADDITIONS/CHANGES TO OFFICER			
TITLE	VP	☐ Delete	TITLE					
NAME CTREET ADDRESS	CIVIDANES, RICARDO		NAME STREET	ADDRESS				
STREET ADDRESS	8930 SW 196 DR.		SINCE	ייייייייייייייייייייייייייייייייייייייי	•			

## FILED Mar 01, 2000 8:00 am Secretary of State

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City & State		City & State		4. FEI Number									
					59-6192618		t Applicable						
Zip	Country	Zip	Country	5. Certificate of S			8.75 Additional e Required						
6. Name and Address of Current Registered Agent				7. Name and Ad	dress of New Registered Ag	ent							
				Name									
				Street Address (P.O. Box Number is Not Acceptable)									
HILDA CIVIDANES 8802 SW 192ND STREET MIAMI FL 33157			5,000,740										
			City			Zip Cod							
					FL	<u> </u>							
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 .		ANOTE: E	Indictored Anent ciannatu	re required whom reinstation)	DATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE													
	FILE NOW:	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Check Pa		'						
	FEE IS \$61.25	irast rand Contributi	on. 🗖	Added to rees	Department of	Ji State	ļ						
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANG	GES TO OFFICERS AND DIRE	CTORS IN	10						
TITLE	VP .	□ Delete	TITLE	<del></del>		Change	Addition						
NAME	CIVIDANES, RICARDO	B0000	NAME										
STREET ADDRESS	8930 SW 196 DR.		STREET ADDRESS										
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP										
TITLE	CS	□ Delete	TITLE	<u> </u>	<u></u>	☐ Change	Addition						
NAME	HILDA CIVIDANES		NAME										
STREET ADDRESS	8802 SW 192ND STREET		STREET ADDRESS										
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP										
TITLE	TD	☐ Delete	TITLE			Change	Addition						
NAME	HILL, LUCY		NAME										
STREET ADDRESS	19250 SW 87TH AVE		STREET ADDRESS										
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP										
TITLE	Р	☐ Delete	TITLE		!	☐ Change	Addition						
NAME	SCHULER, MIKE		NAME										
STREET ADDRESS	9030 RIDGELAND DR.		STREET ADDRESS										
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP	<del></del>									
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition :						
NAME	LOCKWOOD, LOUISE		NAME STREET ADDRESS										
STREET ADDRESS CITY-ST-ZIP	9071 RIDGELAND DR.		CITY-ST-ZIP										
<del></del>	MIAMI FL 33157	П			<u> </u>	Change	Addition						
TITLE	ONADANCO HEATHED	☐ Delete	TITLE NAME		1	□ cuands	T Vacaution						
NAME STREET ADDRESS	CIVIDANES, HEATHER		STREET ADDRESS										
CITY-ST-ZIP	8802 SW 192 ST		CITY-ST-ZIP										
	MIAMI FL 33157 certify that the information supplied with	this filing does not qualify for the		ad in Section 110 07/2V/0 5	Florida Statutes, I further contif	v that the i	nformation (						
12. THEREDY	sermy that the information supplied with	time ming goes not quality for the	io ever ibrion start	50 11 GEORGI 118.07 (3)(1), 1	Was diameted to the	, 11 mar (11 mg 11							

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:

Daytime Phone #