

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91219 020 ****61.25

551330



DO NOT WRITE IN THIS SPACE

DOCUMENT # 717903

1. Entity Name

MIAMI BEACH HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

BENITA ARGOS, PRESIDENT
1345 WEST AVE., #304
MIAMI BEACH FL 33139

Mailing Address

BENITA ARGOS, PRESIDENT
1345 WEST AVE., #304
MIAMI BEACH FL 33139

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARGOS, BENITA
1345 W. AVE. #304
MIAMI BEACH FL 33139

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARGOS, BENITA	
STREET ADDRESS	1345 W. AVE. #304	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILLER, GERTRUDE R	
STREET ADDRESS	1776 JAMES AVENUE #2-E	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PATCHEN, BUNNY	
STREET ADDRESS	2068 NORTH BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	IVEZIC, LILIANA	
STREET ADDRESS	1820 JAMES AVENUE #6-A	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GELLER, HELLEN	
STREET ADDRESS	1776 JAMES AVENUE #2-B	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FONTANA, JOSEPH	
STREET ADDRESS	5750 COLLINS AVENUE #16-G	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

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	
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TITLE	<input 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:

BENITA ARGOS, PRESIDENT BENITA ARGOS

4/24/01

305-672-8564

CR2E037 (10/00)