

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721270

1. Entity Name

KINGS GARDENS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

19317 NW 45 AVE  
MIAMI FL 33055  
US

Mailing Address

P.O. BOX 170726  
HIALEAH FL 33017-0726  
US

2. Principal Place of Business

4601 N.W. 191 St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

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FILED

Jan 28, 2000 8:00 am  
Secretary of State

01-28-2000 90144 041 \*\*\*\*75.00



DO NOT WRITE IN THIS SPACE

4. FEI Number.

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELGADO, HUMBERTO  
19309 N.W. 45 AVENUE  
MIAMI FL 33055

7. Name and Address of New Registered Agent

Name Aydee Saravia

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

4601 N.W. 191 St.

City

Miami, FL

FL

Zip Code

33055

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 Aydee Saravia Aydee SARAVIA PRESIDENT 1-24-00

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.

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\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DELGADO, HUMBERTO	
STREET ADDRESS	19309 N.W. 45 AVENUE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, EVAN	
STREET ADDRESS	19333 N.W. 47 AVENUE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, CANDIDA	
STREET ADDRESS	19313 N.W. 45 AVENUE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HIRALDO, ELFIDA	
STREET ADDRESS	19320 N.W. 45 AVENUE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TUBELLA, GABRIEL	
STREET ADDRESS	19316 N.W. 45 AVENUE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORENZO, CARIDAD	
STREET ADDRESS	4516 N.W. 191 TERRACE	
CITY-ST-ZIP	MIAMI FL 33055	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Saravia, Aydee	
STREET ADDRESS	4601 NW 191 St	
CITY-ST-ZIP	Miami, FL 33055	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fana, Florencio	
STREET ADDRESS	19173 NW 45 Ave	
CITY-ST-ZIP	Miami, FL 33055	
TITLE	Tb	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gillenwater, Barbara	
STREET ADDRESS	19321 NW 46 Ave	
CITY-ST-ZIP	Miami, FL 33055	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bautista, Enrique	
STREET ADDRESS	4508 NW 192 St	
CITY-ST-ZIP	Miami, FL 33055	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caparros, Alonso	
STREET ADDRESS	4504 NW 191 Terr	
CITY-ST-ZIP	Miami, FL 33055	
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)(l), 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:

Aydee Saravia

1-24-00

305-623-4407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)