

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721270

1. Entity Name

KINGS GARDENS HOMEOWNER'S ASSOCIATION, INC.

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90143 004 ****70.00

Principal Place of Business

Mailing Address

19321 N.W. 46TH AVENUE
MIAMI FL 33055
US

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

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

65-0429253

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

RIVERA, RICHARD R
19174 N.W. 48TH AVENUE
MIAMI FL 33055

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
After September 12, 2001, min. will be \$236.25

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
NAME RIVERA, RICHARD R
STREET ADDRESS 19174 N.W. 48TH AVENUE
CITY-ST-ZIP OPA LOCKA FL 33055 ☐ Delete

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

TITLE VPD
NAME BAUTISTA, ENRIQUE R
STREET ADDRESS 4508 N.W. 192ND STREET
CITY-ST-ZIP OPA LOCKA FL 33055 ☐ Delete

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

TITLE S
NAME MIRANDA, RAIDEL
STREET ADDRESS 4513 N.W. 193RD TERRACE
CITY-ST-ZIP OPA LOCKA FL 33055 ☒ Delete

TITLE S
NAME Teresa Cabrera
STREET ADDRESS 4516 N.W. 192 ST.
CITY-ST-ZIP Opa-locka, FL 33055-2124 ☒ Change ☐ Addition

TITLE TD
NAME GILLENWATER, BARBARA Y
STREET ADDRESS 19321 N.W. 46TH AVENUE
CITY-ST-ZIP OPA LOCKA FL 33055 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/01 (305) 623-2137

Date

Daytime Phone #

CR2E037 (5/01)