

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 722103**

1. Entity Name

NARANJA LAKES CONDOMINIUM NO. TWO, INC.

Principal Place of Business

Mailing Address

**7340 S.W. 132ND ST.
MIAMI FL 33156****5201 BLUE LAGOON DR.
SUITE #100
MIAMI FL 33126**

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

59-1551246

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

**ROGEL, DAVID H
5201 BLUE LAGOON DRIVE #100
MIAMI FL 33126**

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 ☐ Delete**P
ARCHER, STUART
7340 S.W. 132ND STREET
MIAMI FL 33156**TITLE ☐ Change ☐ AdditionTITLE ☐ Delete**VPD
GILES, VICTORIA
16240 SW 283RD ST
HOMESTEAD FL 33033**TITLE ☐ Change ☐ AdditionTITLE ☐ Delete**SD
DOEBLER, LIZABETH
9550 SW 188TH TERRACE
MIAMI FL 33157**TITLE ☐ Change ☐ AdditionTITLE ☐ Delete**STD
VELLANTI, THOMAS JR.
15300 S.W. 271ST ST.
HOMESTEAD FL 33031**TITLE ☐ Change ☐ AdditionTITLE ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionTITLE ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED**882001 305-2380911****FILED
Sep 13, 2001 8:00 am
Secretary of State**

09-13-2001 90008 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)