

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90019 041 \*\*\*\*70.00

**DOCUMENT # 724271**  
 1. Entity Name  
**LUDLUM LAKE ASSOCIATION INC.**

Principal Place of Business <b>6703 N.W. 169TH STREET HIALEAH FL 33015</b>	Mailing Address <b>6703 N.W. 169TH STREET HIALEAH FL 33015</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>SAME</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1418726</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**GONZALEZ, HECTOR**  
**6705 NW 169TH**  
**C-207**  
**HIALEAH FL 33015**

7. Name and Address of New Registered Agent  
 Name **MORELLI, FERRUCCIO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6701 N.W. 169th STREET**  
**B-205**  
 City **HIALEAH** **FL** Zip Code **33015**

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 *Ferruccio Morelli* **FERRUCCIO MORELLI** **FEBRUARY 23, 2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MORELLI, FERRUCCIO 6701 NW 169TH ST B-205 HIALEAH FL 33015</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GONZALEZ, HECTOR 6705 NW 169TH ST C-207 HIALEAH FL 33015</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CROST, RICHARD 6701 NW 169 ST #B308 HIALEAH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MORELLI, MARIA Q. 6701 NW 169TH ST B-205 HIALEAH FL 33015</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PRUNA, MARIA 6707 NW 169TH ST A-101 HIALEAH FL 33015</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T COBELO, FRANK 6703 NW 169TH ST HIALEAH FL</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD IZNAGA, FRANK 6701 N.W. 169th ST., B-203 HIALEAH, FL 33015</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PRUNA, MARIA 6707 N.W. 169th ST., A-101 HIALEAH, FL 33015</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORELLI, MARIA Q. 6701 N.W. 169th ST., B-205 HIALEAH, FL 33015</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Maria Q. Morelli* **MARIA Q. MORELLI** **FEBRUARY 23, 2001** **305-822-6392**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)