

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737206

1. Entity Name

INTERNATIONAL GARDENS SECTION 4 HOMEOWNERS ASSOC

Principal Place of Business

Mailing Address

12540 SW 22 TERR.
MIAMI FL 33175

12540 SW 22 TERR.
MIAMI FL 33175-1409

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

65-0021758

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

~~CUERVO, MANUEL H~~
~~12330 SW 22ND LANE~~
~~MIAMI FL FL 33175~~

Name CHARLES F. SLATER

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

12540 SW 22 TERRACE

City MIAMI

FL

Zip Code 33175

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

Charles F. Slater CHARLES F. SLATER

4-27-2000

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	DE LA VEGA, VINCENTE	
STREET ADDRESS	2150 SW 123 CT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CUERVO, MANUEL	
STREET ADDRESS	12330 S W 22 LANE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOONEY, ADA	
STREET ADDRESS	2045 SW 125 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PUENTES, ALBERTO	
STREET ADDRESS	2040 SW 123 CT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TRWJILLO, PETER	
STREET ADDRESS	2020 SW 125 CT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SLATER, CHARLES F	
STREET ADDRESS	12540 SW 22ND TERR	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIO ALEM	
STREET ADDRESS	2100 SW 125 COURT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIGUEL BELLO	
STREET ADDRESS	2110 SW 125 COURT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORGE A. FERNANDEZ	
STREET ADDRESS	2030 SW 123 COURT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICARDO CARTAYA	
STREET ADDRESS	12440 SW 22 TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JESUS RODRIGUEZ	
STREET ADDRESS	12425 SW 22 TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GINA VILADROSA	
STREET ADDRESS	1930 SW 123 COURT	
CITY-ST-ZIP	MIAMI FL 33175	

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:

Charles F. Slater
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90023 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)