

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90101 014 ****61.25

DOCUMENT # 744111

1. Entity Name

BENT TREE CENTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13848 SW 56TH ST
 MIAMI FL 33175
 US

13848 SW 56TH ST
 MIAMI FL 33175
 US

2. Principal Place of Business

3. Mailing Address

13831 S.W. 59 St

13831 SW 59 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101B

101B

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33183

US

33183

US

4. FEI Number

59-1881414

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

STRALEY, STEPHEN J.
 3990 SHERIDAN ST
 STE 109
 HOLLYWOOD FL 33021

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

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 ☐ Delete
 NAME MAHER, JOHN A
 STREET ADDRESS 13936 SW 52 TERRACE
 CITY-ST-ZIP MIAMI FL

TITLE DS ☐ Change ☒ Addition
 NAME Mayda Gonzalez
 STREET ADDRESS 5224 S.W. 139 Ave Rd
 CITY-ST-ZIP Miami FL 33175

TITLE TD ☐ Delete
 NAME MOORE, PATRICK
 STREET ADDRESS 13950 SW 52 LANE
 CITY-ST-ZIP MIAMI FL

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

TITLE DS ☒ Delete
 NAME BERV, EMILY
 STREET ADDRESS 13945 SW 52 LANE
 CITY-ST-ZIP MIAMI FL

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

TITLE VPD ☐ Delete
 NAME FERNANDEZ, MARGARITE
 STREET ADDRESS 13936 SW 52 LANE
 CITY-ST-ZIP MIAMI FL 33175

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

John A. Maher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/02 305-380-9020

CR2E037 (9/01)