

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90253 017 ****61.25

DOCUMENT # 748243

1. Entity Name

PATIO VILLAS BLOCK 4 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7332 FOX CHAPEL DR
HIALEAH FL 33015
US**

**7332 FOX CHAPEL DR
HIALEAH FL 33015
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

59-1970481

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, IRIS C
7332 FOX CHAPEL DR
HIALEAH FL 33015**

Name

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

City

FL

Zip Code

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

Iris C Rivera

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 **DV** ☒ Delete
NAME **GARCIA, GAYLE**
STREET ADDRESS **19019 WEST LAKE DR**
CITY-ST-ZIP **HIALEAH FL**

TITLE **V.P.** ☐ Change ☒ Addition
NAME **Vickie Fordham**
STREET ADDRESS **19023 West Lake Dr.**
CITY-ST-ZIP **Hialeah FL 33015**

TITLE **D** ☐ Delete
NAME **GUNN, MARGARET**
STREET ADDRESS **7328 FOX CHAPEL DR.**
CITY-ST-ZIP **HIALEAH FL**

TITLE **D.** ☐ Change ☒ Addition
NAME **Diana Sookran**
STREET ADDRESS **7329 Star Dust Dr.**
CITY-ST-ZIP **Hialeah FL 33015**

TITLE **TSD** ☐ Delete
NAME **RIVERA, IRIS C**
STREET ADDRESS **7332 FOX CHAPEL DR**
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **D.** ☐ Change ☒ Addition
NAME **Roland Ramirez**
STREET ADDRESS **19216 W/Lake Dr**
CITY-ST-ZIP **Hialeah FL 33015**

TITLE **PD** ☐ Delete
NAME **RIVERA, ROBERT R**
STREET ADDRESS **7332 FOX CHAPEL DR**
CITY-ST-ZIP **HIALEAH FL 33015**

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:

Iris C Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02

Date

305-8299670

Daytime Phone #

CR2E037 (9/01)