

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90094 022 ****61.25

DOCUMENT # 751818

1. Entity Name

TAMIAMI LAKES SECTION 3 HOMEOWNERS ASSOCIATION.

Principal Place of Business

Mailing Address

~~1716 SW 136 PL.
 MIAMI FL 33175~~

~~1716 SW 136 PL.
 MIAMI FL 33175-1049~~

2. Principal Place of Business

3. Mailing Address

1487 SW 136 PL

1487 SW 136 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
59-2070616

Applied For
 Not Applicable

Zip
33184 Country
USA

Zip
33184 Country

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

~~IBRAHIM, DALYS M BA
 OCEAN BANK BLDG
 782 N W LEJUNE RD #448
 MIAMI FL 33126~~

Name
REINALDO AQUIT
 Street Address (P.O. Box Number is Not Acceptable)
1667 SW 136 PL
 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 *Reinaldo VTD.* *Reinaldo* 4/26/00
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	TPD	<input type="checkbox"/> Delete
NAME	LUGO, JUAN	
STREET ADDRESS	1487 SW 136 PL	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	VO	<input type="checkbox"/> Delete
NAME	VILLENGE, GONZALO	
STREET ADDRESS	1526 SW 136 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BORGE, DARIO	
STREET ADDRESS	1707 SW 136 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	AQUIT, REINALDO	
STREET ADDRESS	1667 SW 136 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DIAZ, RAFAEL	
STREET ADDRESS	1657 SW 136 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Reinaldo Aquit* 4/26/00 305-551-5869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)