

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90006 037 \*\*\*\*70.00

**DOCUMENT # 754235**

1. Entity Name

**REDLAND RANCH TWIN HOMES ASSOCIATION, INC.**

Principal Place of Business

C/O HERNANDEZ, EMMA  
 1283 NW 14TH AVE  
 HOMESTEAD FL 33030  
 US

Mailing Address

C/O HERNANDEZ, EMMA  
 1283 NW 14TH AVE  
 HOMESTEAD FL 33030  
 US

U U I U U I



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**Emma Hernandez**  
 Suite, Apt. #, etc.  
**1609 S. Goldeneye Ln.**

Suite, Apt. #, etc.

City & State

City & State  
**Homestead, FL 33035**

4. FEI Number

**59-2571239**

Applied For

Not Applicable

Zip

Country

Zip  
**33035**

Country

**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, EMMA**  
**1283 NW 14TH AVE**  
**HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

Name  
**EMMA HERNANDEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1609 S. Goldeneye Lane**  
 City  
**Homestead, FL** Zip Code  
**33035**

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 *Emma Hernandez*, **EMMA HERNANDEZ** **5/21/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOT) 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	<input type="checkbox"/> Delete
NAME	HERNANDEZ, EMMA	
STREET ADDRESS	1283 NW 14 AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAMOS, JOSE	
STREET ADDRESS	1201 NW 14 AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, JANE	
STREET ADDRESS	1251 NW 14 AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGOS, DAVID	
STREET ADDRESS	1342 NW 13 STREET	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAJERA, MIGUEL	
STREET ADDRESS	1362 NW 13 STREET	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALMARAZ, AMADOR	
STREET ADDRESS	1323 NW 12 ST	
CITY-ST-ZIP	HOMESTEAD FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, EMMA	
STREET ADDRESS	1609 S. Goldeneye Lane	
CITY-ST-ZIP	Homestead, FL 33035	
TITLE		<input checked="" 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGOS, DAVID	
STREET ADDRESS	1525 N.W. 9th Street	
CITY-ST-ZIP	Homestead, FL 33030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMARAZ, AMADOR	
STREET ADDRESS	11818 S.W. 273 Lane	
CITY-ST-ZIP	Naranja, FL 33032	

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: *Emma Hernandez* **REQUIRED** **5/21/01 (305) 245-8182**

CR2E037 (10/00)

REDLAND RANCH TWIN HOMES  
CONDO. ASSOCIATION

Attachment  
6661014  

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1754235

5/29/2001

**ADDITION TO DIRECTORS**

**Triana, Victoria**  
5151 S.W. 98th Road  
Miami, Fl 33165

**Garcia, Hilda**  
26430 S.W. 177 Ave.  
Homestead, Fl 33030

**Almaraz, Angel**  
1341 N.W. 12 St.  
Homestead, Fl 33030

**Trejo, Francisco**  
1203 N.W. 14 Ave  
Homestead, Fl 33030

**Zavalla, Pedro**  
1360 N.W. 13 St.  
Homestead, Fl 33030

**Pinero, Roquelina**  
5395 Carolina Ave.  
Naples, Fl

**Lina, Consuelo**  
1253 N.W. 14 Ave.  
Homestead, Fl 33030

**Aviles, Macario**  
1340 N.W. 13 St.  
Homestead, Fl 33030

**Najera, Miguel**  
1362 N.W. 13 St.  
Homestead, Fl 33030

**Kelly, Jane**  
1251 N.W. 14 Ave.  
Homestead, Fl 33030

**Almaraz, Joaquin**  
1281 N.W. 14 Ave.  
Homestead, Fl 33030

**DELETE DIRECTORS**

**Parrish, Cecil**  
29615 S.W. 158th Ct.  
Homestead, Fl 33030

**Zavalla, Pedro**  
1342 N.W. 12 St.  
Homestead, Fl 33030

Attachment  
661014  
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754235

**REDLAND RANCH TWIN HOMES  
CONDO. ASSOCIATION**

**5/29/2001**

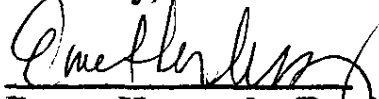
**Uniform Business Report  
Division of Corporations  
P.O.Box 1500  
Tallahassee, Fl 32302-1500**

**Ref: Document #754235**

**To whom it may concern,**

**I'm writing you this letter to inform you that our filing fee is overdue, because there was a change of address. The new address has been corrected on this year filing report #754235 and a check \$70.00 is enclosed for payment of filing fee & Certificate Status Fee. If there is anymore information needed please call (305) 245-8182 (day) or write to 1609 S. Goldeneye Lane Homestead, Fl 33035.**

**Sincerely,**



**Emma Hernandez/President**