

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 759150**

1. Entity Name

THE SUNSET HARBOUR HOMEOWNERS' ASSOCIATION, INC.**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90052 049 ****61.25

Principal Place of Business

6200 S.W. 128 AVENUE
MIAMI FL 33183
US

Mailing Address

C/O AERRIS CORP
PO BOX 960952
MIAMI FL 33296-0952
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0106527

Applied For
Not Applicable

Zip

Country

Zip

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**DELGADO, ALEJANDRO J
8003 SW 149TH AVENUE
MIAMI FL 33193

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LOSADA, MERCEDES	
STREET ADDRESS	12731 SW 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	QUINTERO, MARIA D	
STREET ADDRESS	12759 SW 60TH LANE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LA GRA, AMANDA	
STREET ADDRESS	12771 S.W. 65 ST	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZILBERBERG, MAX	
STREET ADDRESS	12781 SW 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mohammed Hallaj	
STREET ADDRESS	6521 SW 129 Ave	
CITY-ST-ZIP	Miami, FL 33183	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/10/2000 305
752-9247