

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90164 020 ****61.25

DOCUMENT # 759150

1. Entity Name

THE SUNSET HARBOUR HOMEOWNERS' ASSOCIATION, INC.

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

80030182



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C/O TPS MANAGEMENT

Suite, Apt. #, etc.
P.O. BOX 661554

City & State
MIAMI SPRINGS, FLORIDS

Zip
33266

Country

3. Mailing Address
C/O TPS MANAGEMENT

Suite, Apt. #, etc.
P.O. BOX 661554

City & State
MIAMI SPRINGS, FLORIDA

Zip
33266

Country

4. FEI Number
65-0106527

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
SKRLD, INC.

Street Address (P.O. Box Number is Not Acceptable)
201 ALHAMBRA CIRCLE STE 1102

City
CORAL GABLES

FL

Zip Code
33134

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 **SKRLD, INC. BY LISA LERNER**

Signature, typed or printed name of registered agent and title if applicable.

SECRETARY

3-29-01

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE **T** ☐ Delete
 NAME **LOSADA, MERCEDES**
 STREET ADDRESS **12731 SW 65TH STREET**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **TD** ☒ Delete
 NAME **QUINTERO, MARIA D**
 STREET ADDRESS **12759 SW 60TH LANE**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **RD** ☒ Delete
 NAME **LA GRA, AMANDA**
 STREET ADDRESS **12771 S.W. 65 ST**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **VP** ☒ Delete
 NAME **ZILBERBERG, MAX**
 STREET ADDRESS **12781 SW 65TH STREET**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **S** ☒ Delete
 NAME **HALLAJ, MOHAMMAD**
 STREET ADDRESS **6521 SW 129 AVE**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
 NAME **JOSE RACINES**
 STREET ADDRESS **12785 SW 59 STREET**
 CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **VPDS** ☐ Change ☒ Addition
 NAME **RAMON A BARRIOS**
 STREET ADDRESS **6320 SW 127 COURT**
 CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **D** ☐ Change ☒ Addition
 NAME **JESUS PATINO**
 STREET ADDRESS **12866 SW 64 LANE**
 CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **D** ☐ Change ☒ Addition
 NAME **DOMINGO ALBERICO**
 STREET ADDRESS **6489 SW 129 AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33183**

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: **SIGNATURE REQUIRED RACINES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

Date

305-593-2295

Daytime Phone #

CR2E037 (10/00)