

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768795

1. Entity Name

ARBORGATE AT KENDALL LAKES EAST, CONDOMINIUM NO

Principal Place of Business

13539 SW 64TH LANE
MIAMI FL 33183

Mailing Address

13539 SW 64TH LANE
MIAMI FL 33183-5014

P.O. Box 835744
MIAMI, FL 33283-5744

2. Principal Place of Business

3. Mailing Address

P.O. Box 835744

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FLORIDA

Zip

Country

Zip
33283-5744

Country

4. FEI Number

NOT APPLICABLE

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

SOBERON SONIA D
13539 SW 64TH LANE
MIAMI FL 33183

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 \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
SOBERON SONIA D
13539 SW 64TH LANE
MIAMI FL 33183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
LOZADA, MARIA
13541 SW 64TH LANE
MIAMI FL 33183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
DUARTE, SILVIA
13539 SW 64TH LANE
MIAMI FL 33183 ☐ Delete

TITLE
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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 677, 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

PRESIDENT
SONIA D. SOBERON

Date

Daytime Phone #

305-386-5714

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90041 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)