

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90011 003 \*\*\*\*61.25

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770834

1. Entity Name

MILLER DREAMS II TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

C/O JPM SERVICES  
 P.O. BOX 820210  
 SOUTH FLORIDA FL 33082-0210  
 US

Mailing Address

C/O JPM SERVICES  
 P.O. BOX 820210  
 SOUTH FLORIDA FL 33082-0210  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2616206

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

BECKER, POLIAKOFF & STREITFELD, P.A.  
 ROSE DE LA CAMARA  
 6161 BLUE LAGOON DR, #250  
 MIAMI FL 33126

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

TITLE **VD** ☐ Delete  
 NAME **LEONARD, CHARLES**  
 STREET ADDRESS **13353 SW 59TH TERR**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☒ Delete  
 NAME **COLON, BRIAN**  
 STREET ADDRESS **6029 SW 133RD CT**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☒ Delete  
 NAME **PRIETO, MARCOS**  
 STREET ADDRESS **13301 SW 59 TERR**  
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D** ☐ Delete  
 NAME **ALBURY, CINDY**  
 STREET ADDRESS **5911 SW 133 CT.**  
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Leonard, Charles**  
 STREET ADDRESS **13353 SW 59 TERR.**  
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **VP/S/D** ☐ Change ☒ Addition  
 NAME **Hernandez, Tony**  
 STREET ADDRESS **6033 SW 133CT**  
 CITY-ST-ZIP **MIAMI FL 33183**

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

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

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

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

3-27-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)