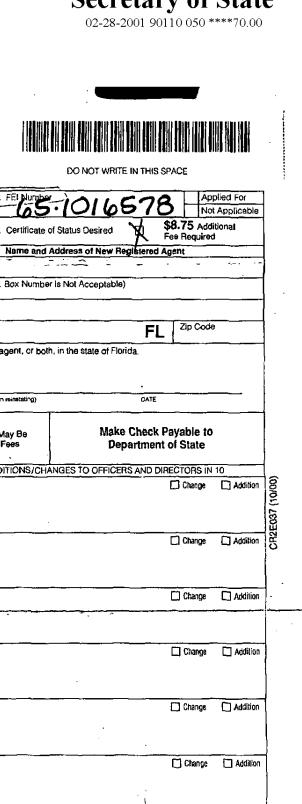
## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N00000000852 **Secretary of State** 02-28-2001 90110 050 \*\*\*\*70 00 MELROSE HOMES II AT MONARCH LAKES HOMEOWNERS ASS Principal Place of Business Mailing Address 2189 S.W. 60TH STREET STE 205 2189 S.W. 60TH STREET STE 205 HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name . Street Address (P.O. Box Number is Not Acceptable) FANO, JOSE E 2189 S.W. 60TH STREET STE 205 HIALEAH FL 33016 Zip Code FL 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) CATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition FANO, JOSE E NAME NAME 2189 S.W. 60TH STREET STE 205 STREET ADDRESS STREET ADORESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-7IP DVST Change TITLE ☐ Delete Addition TITLE FERRO, MARIO JR NAME NAME 9921 W. OKEECHOBEE ROAD STREET ADORESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP HIALEAH FL 33016 Delete Change □ Addition TITLE TITLE GONZALEZ, ANA MARIA NAME STREET ADDRESS 2189 S.W. 60TH STREET STE 205 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 TITLE Dalete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with his filling 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 frue 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:

ITED NAME OF SIGNING OFFICER OR DIRECTOR

2/28

## Mar 19, 2001 8:00 am



Daytime Phone #