

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-12-2001 90034 020 ****61.25

DOCUMENT # **N00000004738**

1. Entity Name

SOUTH MIAMI AVENUE HOMEOWNERS ASSOCIATION

Principal Place of Business

Mailing Address

**601 BRICKELL KEY DRIVE
 SUITE 705
 MIAMI, FL 33131, USA**

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

SAME AS ABOVE

Suits, Apt. #, etc.

Suits, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

05-1047682

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

**DE LA PEÑA & BAJANOS, LLP
 601 BRICKELL KEY DRIVE STE 705
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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 (if applicable)

(NOTE: Registered Agent signature required when resigning)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
RESIDENT (P)	COLIN D. VEATER	4 SW 18th TERRACE	MIAMI FL 33129	<input type="checkbox"/>
VICE PRESIDENT (V)	LOUISES C. DE LA PEÑA	2055 SOUTH MIAMI AVENUE	MIAMI FL 33129	<input type="checkbox"/>
DIRECTOR - TREASURER / SECY	ELLEN HASTINGS	1804 SOUTH MIAMI AVENUE	MIAMI FL 33129	<input type="checkbox"/> (FS)
DIRECTOR	ARVA MOORE PARKS	1601 SOUTH MIAMI AVENUE	MIAMI FL 33129	<input type="checkbox"/>
DIRECTOR	ROBERT MCCABE	1601 SOUTH MIAMI AVENUE	MIAMI FL 33129	<input type="checkbox"/>
DIRECTOR	DR. EMMANUEL NWAOKIKE			<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	COLIN D. VEATER - D	41 SW 18th TERRACE	MIAMI FL 33129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	LOUISES C. DE LA PEÑA - D	2055 SOUTH MIAMI AVENUE	MIAMI FL 33129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T S	ELLEN HASTINGS - D	1804 SOUTH MIAMI AVENUE	MIAMI FL 33129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ARVA MOORE PARKS - D	1601 SOUTH MIAMI AVENUE	MIAMI FL 33129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DR. ROBERT MCCABE D	1601 SOUTH MIAMI AVENUE	MIAMI FL 33129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DR. EMMANUEL NWAOKIKE D	223B SOUTH MIAMI AVENUE	MIAMI FL 33129	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Colin Veater

4/27/01 (305) 533-2340

Date

Daytime Phone #

CR2E037 (11/00)