

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90080 012 \*\*\*\*61.25

DOCUMENT # 000000004738 ✓  
1. Entity Name  
**SOUTH MIAMI AVENUE HOMEOWNER'S  
ASSOCIATION, INC.**

**DO NOT WRITE IN THIS SPACE**

**755539**

2. Principal Place of Business  
**60 SW 401 BRICKELL KEY  
STE 705 DR.**

City & State  
**MIAMI FLORIDA**  
Zip  
**33131**  
Country

3. Mailing Address  
**41 SW 18th TERRACE**

City & State  
**MIAMI FLORIDA**  
Zip  
**33129**  
Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-1047682**  
Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**LEONCIO DELA PEÑA**  
Street Address (P.O. Box Number is Not Acceptable)  
**DELA PEÑA & BAJANDAS, LLP**  
**601 BRICKELL KEY DRIVE STE 705**  
City  
**MIAMI FL** Zip Code  
**33131**

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

**FEE IS \$61.25  
Initial or Amended UBR**

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	<b>P COLIN D. VEATER 41 SW 18th TERRACE MIAMI FL 33129</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LOURDES DE LA PEÑA 2055 SOUTH MIAMI AVENUE MIAMI FL 33129</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S ELLEN HASTINGS 1804 SOUTH MIAMI AVENUE MIAMI FL 33129</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RICARDO FERNANDEZ 1877 SOUTH MIAMI AVENUE MIAMI FL 33129</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DR. ROBERT MCLABE 1801 SOUTH MIAMI AVENUE MIAMI FL 33129</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DR. EMMANUEL NWADIKE 2238 SOUTH MIAMI AVENUE MIAMI FL 33129</b>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **3/8/02** **305 533-2740**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)

Attachment  
# 200000004738  
755539

Additional Director SMAHA 65-1047682

D  
Nilda De Boyrie  
2 SW 24<sup>th</sup> Road  
Miami Florida 33129

---