

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91518 021 \*\*\*\*61.25

DOCUMENT # N00000005536

1. Entity Name

PARK PLACE AT KING'S MEADOW CONDOMINIUM ASSOCIAT



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9260 SUNSET DRIVE SUITE 119 MIAMI FL 33173	Mailing Address 9260 SUNSET DRIVE SUITE 119 MIAMI FL 33173
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2. Principal Place of Business 10556 NW 26TH ST Suite, Apt. #, etc. D-201	3. Mailing Address 10556 NW 26TH ST Suite, Apt. #, etc. D-201
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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA	4. FEI Number 65-1047947	Applied For <input type="checkbox"/> Not Applicable
Zip 33172	Country USA	Zip 33172	Country USA

6. Name and Address of Current Registered Agent LEGAL SERVICES CORPORATION OF MIAMI 9260 SUNSET DRIVE SUITE 119 MIAMI FL 33173	7. Name and Address of New Registered Agent Name ORLANDO ARROM Street Address (P.O. Box Number is Not Acceptable) 10556 NW 26 ST, STE. D-201 City MIAMI FL Zip Code 33172
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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: DATE: 4/17/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIAZ, ALEJANDRINA 9260 SUNSET DRIVE SUITE 119 MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIJKER, BARBARA 14305 SW 96TH ST, #606 MIAMI, FL 33186 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, LUIS 9260 SUNSET DRIVE SUITE 119 MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLON, LEOPOLDO 13200 S.W. 128TH STREET MIAMI FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 04/18/02

CR2E037 (10/00)