

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

02-21-2002 90032 029 \*\*\*\*61.25

**DOCUMENT # N00000008014**

1. Entity Name

**KILLIAN ESTATES HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**STE 600 111 SW 3RD ST  
MIAMI FL 33130****STE 600 111 SW 3RD ST  
MIAMI FL 33130**

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

**65-1078707**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**HARRIS, ELLIOTT  
STE 600 111 SW 3RD ST  
MIAMI FL 33130**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **DP HARRIS, ELLIOTT**  
STREET ADDRESS **STE 600 111 SW 3RD ST**  
CITY-ST-ZIP **MIAMI FL 33130**

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

TITLE ☐ Delete  
NAME **DS GARCIA, LIZA**  
STREET ADDRESS **STE 600 111 SW 3RD ST**  
CITY-ST-ZIP **MIAMI FL 33130**

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

TITLE ☐ Delete  
NAME **DT CAINZOS, ROGELIO**  
STREET ADDRESS **STE 600 111 SW 3RD ST**  
CITY-ST-ZIP **MIAMI FL 33130**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment # 00000008p14

**Internal Revenue Service**

Accounts Management Division I  
Branch II - Teletin Unit  
Stop 751  
PO Box 47421  
Chamblee, GA 30382  
Phone 678-530-7234/7235  
FAX 678-530-6156

Date: March 3, 2001

**EMPLOYER NUMBER: 0716926561**

<b>TO:</b>	<b>ELLIOTT HARRIS</b>	<b>FAX:</b>	<b>305-358-0149</b>
<b>FROM:</b>	<b>Accounts Management Division I Teletin Unit</b>	<b>Pages:</b>	<b>1</b>
<b>Company Name</b>	<b>KILLIAN ESTATES HOMEOWNERS ASSOCIATION INC</b>	<b>Employer ID #</b>	<b>65-1078707</b>
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