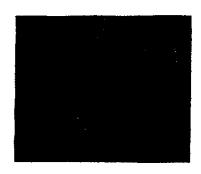
2002 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # N0000008014 -21-2002 90032 029 ****61 25 KILLIAN ESTATES HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address STE 600 111 SW 3RD ST STE 800 111 SW 3RD ST MIAMI FL 33130 MIAMI FL 33130 3. Mailing Address 2. Principal Place of Business 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 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HARRIS, ELLIOTT STE 600 111 SW 3RD ST MIAMI FL 33130 City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP CR2E037 (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HARRIS, ELLIOTT NAME STREET ADDRESS STREET ADDRESS STE 600 111 SW 3RD ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 TITLE DS ☐ Delete TITLE ☐ Change ☐ Addition NAME GARCIA. LIZA NAME STREET ADDRESS STREET ADDRESS STE 600 111 SW 3RD ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 TITLE IDT Deleta TITLE Change ☐ Addition ---CAINZOS, ROGELIO NAME MALIF STREET ADDRESS STREET ADDRESS STE 600 111 SW 3RD ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 ☐ Delete ☐ Change ☐ Addition TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this 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 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 embowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attacture it with an actives.

Internal Revenue Service



Accounts Management Division I Branch II - Teletin Unit Stop 751 PO Box 47421 Chamblee, GA 30362 Phone 678-630-7234/7235 FAX 678-530-6156

Date: March 3, 2001

EMPLOYER NUMBER: 0716926561

TO:	ELLIOTT HARRIS	FAX:	205 250 01 40
	ELATOITHARKIS	******	305-358-0149
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
Company Name	KILLIAN ESTATES HOMEOWNERS ASSOCIATION INC	Employer ID #	
Company Name		Employer ID#	
Company Name		Employer ID #	
Company Name		Employer ID #	
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Company Name		Zarployer ID #	
Company Name		Employer ID #	

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