

2002 UNIFORM BUSINESS REPORT (UBR)

5/14

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-15-2002 90176 012 ****70.00

DOCUMENT # N01000001863

1. Entity Name

LAKE BELMAR HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1110 BRICKELL AVENUE SEVENTH FLOOR
 MIAMI FL 33131

1110 BRICKELL AVENUE SEVENTH FLOOR
 MIAMI FL 33131

91400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-3046006

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

7. Name and Address of New Registered Agent

FENTE, MANUEL F ESQ
 1110 BRICKELL AVENUE SEVENTH FLOOR
 MIAMI FL 33131

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 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 PD
 NAME ROQUE, SERGIO SR
 STREET ADDRESS 1113 NE 89 STREET
 CITY-ST-ZIP MIAMI FL 33138 ☒ Delete

TITLE PD
 NAME DIAZ, MARITZA GARI
 STREET ADDRESS 1230 N.E. 89 Street
 CITY-ST-ZIP Miami, FL 33138 ☒ Change ☐ Addition

TITLE VD
 NAME BRESCHER, MIKE
 STREET ADDRESS 1113 NE 89 STREET
 CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE STD
 NAME MARIA FENTE
 STREET ADDRESS 1110 BRICKELL AVENUE, 7th FLOOR
 CITY-ST-ZIP MIAMI, FL 33131 ☐ Change ☒ Addition

TITLE DIAZ, MARITZA GARI
 NAME
 STREET ADDRESS 1230 NE 89 STREET
 CITY-ST-ZIP MIAMI FL 33138 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02 379-4900

CR2E037 (9/01)