

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01623

1. Entity Name

PRINCETONIAN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

LAND CAP PROP. SERV.  
3800 S.W. 144 AVE. ROAD  
MIAMI FL 33186  
US

Mailing Address

LAND CAP PROP. SERV.  
13800 S.W. 144 AVE. ROAD  
MIAMI FL 33186  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2390035

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

LEON-RUBIDO, MARLENE ESQ  
8500 W FLAGLER ST  
STE A-105  
MIAMI FL 33144

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 ☐ Delete  
NAME BRADEN, PHILLIP  
STREET ADDRESS 25061 SW 125 CT.  
CITY-ST-ZIP PRINCETON FL 33032

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

TITLE SD ☐ Delete  
NAME RAMIREZ, FRANK  
STREET ADDRESS 12581 SW 248 TERR  
CITY-ST-ZIP PRINCETON FL 33032

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

TITLE TD ☐ Delete  
NAME FISCHER, MICHELE  
STREET ADDRESS 25081 SW 125 CT.  
CITY-ST-ZIP PRINCETON FL 33032

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

TITLE D ☐ Delete  
NAME JUSTUS, XXXXX  
STREET ADDRESS 12510 SW 251 TERRACE  
CITY-ST-ZIP PRINCETON FL 33032

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

TITLE VD ☐ Delete  
NAME RIVERA, CARLOS  
STREET ADDRESS 20279 OLD CUTLER RD  
CITY-ST-ZIP MIAMI FL 33189

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

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:

*PHILLIP BRADEN*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-02

Date

305-258-4359

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)