

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03431

1. Entity Name

INGLEWOOD TOWNHOMES CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

2500 NW 97 AVE
200
MIAMI FL 33172
US

Mailing Address

2500 NW 97 AVE
200
MIAMI FL 33172
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

59-2447046

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

YABLIN, ARNOLD P.A.
699 S. FEDERAL HIGHWAY
HOLLYWOOD FL 33-0287

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 ARNOLD YABLIN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/22/00
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 NAME STREET ADDRESS CITY-ST-ZIP	SD FUENTES, CARMEN 17970 NW 68 AVE MIAMI FL 33015	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT VANONI, LISA M 17950 NW 68 AVE MIAMI FL 33015	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALCON, YOLANDA 17954 NW 68TH AVENUE MIAMI FL 33015	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAMIREZ, MARIA Y 17908 NW 68 AV MIAMI FL 33015	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MONTAYA, CONRADO 17918 NW 68 AV MIAMI FL 33015	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESCOBAR, MARIA 17976 NW 68 AV MIAMI FL 33015	☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90218 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)