

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N07784**

1. Entity Name

RICHMOND HEIGHTS HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

**13900 HARRISON ST.
P.O. BOX 571083
MIAMI FL 33176**

Mailing Address

**13900 HARRISON ST.
P.O. BOX 571083
MIAMI FL 33176**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**MARSHALL, JAMES
13900 HARRISON STREET
MIAMI FL 33176**

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARSHALL, JAMES L	
STREET ADDRESS	13900 HARRISON STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	RICHARDSON, JR. P	
STREET ADDRESS	14122 SW 110 AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	CRUZ, MARGARET L.	
STREET ADDRESS	14541 MONROE ST	
CITY-ST-ZIP	MIAMI FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MOORE, FRANCES	
STREET ADDRESS	10711 SW 152ND ST	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	D	<input type="checkbox"/> Delete
NAME	BEMBRY, WILLIE	
STREET ADDRESS	11512 SW 136 TERRACE	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, PEARLY	
STREET ADDRESS	14641 SW 106 AVE.	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90126 001 *****8.75

02-18-2002 90126 002 *****61.25

- 15525



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2502219

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

CR2E037 (9/01)

1/39/2002 305
135-7731