

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08269

1. Entity Name

THE PORTICOS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

8855 SW 27 ST.  
MIAMI FL 33165

Mailing Address

8855 SW 27 ST.  
MIAMI FL 33165

2. Principal Place of Business

15439 SW 80 ST  
Suite, Apt. #, etc. #105

3. Mailing Address

15439 SW 80 ST  
Suite, Apt. #, etc. 105

City & State

MIAMI FL

City & State

MIAMI FL

Zip

MIAMI FL

Country

USA

Zip

33193

Country

USA

4. FEI Number

65-0433845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CURBELO, ROBERTO J  
8855 SW 27TH ST  
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name CURBELO, ROBERTO  
Street Address (P.O. Box Number is Not Acceptable)

15439 SW 80 ST #105  
City MIAMI FL Zip Code 33193

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

TITLE PD  
NAME CURBELO, ROBERTO JR.  
STREET ADDRESS 8855 SW 27 ST.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE SD  
NAME RODRISUEZ, OSVALDO  
STREET ADDRESS 8855 SW 27 ST.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VD  
NAME GOMEZ, ALBERTO  
STREET ADDRESS 14829 SW 80 ST #202  
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

TITLE TD  
NAME APARICIO, LUIS  
STREET ADDRESS 14829 SW 80 ST 104  
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

TITLE D  
NAME SANTOS, ZORAIDA C  
STREET ADDRESS 14833 SW 80 ST 202  
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90233 004 \*\*\*\*61.25

00001231



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)