

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90006 031 \*\*\*\*61.25

**DOCUMENT # N16751**

1. Entity Name  
**THE BILTMORE AT CORAL LAKES HOMEOWNERS' ASSOCIAT**

*R*

Principal Place of Business  
**C/O P & M MANAGEMENT #312  
 400 SW 107TH AVE.  
 MIAMI FL 33174  
 US**

Mailing Address  
**P.O. BOX 960656  
 MIAMI FL 33296-0656**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

City & State  
 Zip Country

4. FEI Number **65-0045050**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SKRLD, INC.  
 201 ALHAMBRA CIRCLE  
 SUITE 1102  
 MIAMI FL 33134**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<b>PP</b>	<input type="checkbox"/> Delete
NAME	<b>QUINONES, NERY</b>	
STREET ADDRESS	<b>110 N.W. 85TH CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>REYES, MAIKA</b>	
STREET ADDRESS	<b>8510 NW 1 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GARCIA, JOHN</b>	
STREET ADDRESS	<b>228 N.W. 85TH CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PSD</b>	<input checked="" 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	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARLOS A. MURQUIA</b>	
STREET ADDRESS	<b>237 NW 85CT</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>	
TITLE	<b>YPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARIA IZAYA</b>	
STREET ADDRESS	<b>8530 NW 1 TERR.</b>	
CITY-ST-ZIP	<b>MIAMI-FL 33126</b>	
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]* **4/25/2000** **264-3438**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/99)