

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18202

1. Entity Name

LANDFAIR HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90060 022 *****70.00

Principal Place of Business

300 NW 12TH AVE.
MIAMI FL 33128

Mailing Address

300 NW 12TH AVE.
MIAMI FL 33128

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 **59-2824137**

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

MARTORANO, SAL
300 NW 12TH AVE.
MIAMI FL 33128

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

TITLE VPD
NAME RALEY, CLAIRE
STREET ADDRESS 300 NW 12TH AVE.
CITY-ST-ZIP MIAMI FL 33128 ☐ Delete

TITLE VSD
NAME MARTORANO, SAL
STREET ADDRESS 300 NW 12TH AVE.
CITY-ST-ZIP MIAMI FL 33128 ☐ Delete

TITLE D
NAME SIBLEY, RUSSELL JR.
STREET ADDRESS 300 NW 12TH AVE.
CITY-ST-ZIP MIAMI FL 33128 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME DOMINGUEZ, AGUSTIN
STREET ADDRESS 300 N.W. 12th AVE
CITY-ST-ZIP MIAMI, FL. 33128 ☐ Change ☒ Addition

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

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

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, 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

Date

Daytime Phone #

CR2E037 (10/00)