

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19528

1. Entity Name

MIRAMAR GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

422 SANSOVINO AVE
CORAL GABLES FL 33146

Mailing Address

P. O. BOX 442051
MIAMI FL 33144-9051

2. Principal Place of Business

9450 SW 72 St.

3. Mailing Address

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33173

Country

U.S.

Zip

Country

4. FEI Number

59-2931960

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GANEM, RAFAEL
422 SANSOVINO AVE
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9450 SW 72 St.

Suite 203

City

Miami

FL

Zip Code

33173

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 of 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 ☐ Delete

NAME ~~PD~~ GOMEZ, HILDA

STREET ADDRESS ~~422 SANSOVINO~~

CITY-ST-ZIP ~~CORAL GABLES FL 33146~~

TITLE ☐ Delete

NAME ~~VPD~~ GANEM, MARLEN

STREET ADDRESS ~~422 SANSOVINO~~

CITY-ST-ZIP ~~CORAL GABLES FL 33146~~

TITLE ☐ Delete

NAME ~~SD~~ GANEM, RAFAEL

STREET ADDRESS ~~422 SANSOVINO~~

CITY-ST-ZIP ~~CORAL GABLES FL 33146~~

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME D. Gomez Hilda

STREET ADDRESS 9450 SW 72 St. Suite 203

CITY-ST-ZIP Miami, FL 33173

TITLE ☒ Change ☐ Addition

NAME D. GANEM MARLEN

STREET ADDRESS 9450 SW 72 St. Suite 203

CITY-ST-ZIP Miami, FL 33173

TITLE ☒ Change ☐ Addition

NAME D. GANEM RAFAEL

STREET ADDRESS 9450 SW 72 St. Suite 203

CITY-ST-ZIP Miami, FL 33173

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:

Rafael Ganem REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2000

Date

Daytime Phone #

305-412-1200

CR2E037 (9/99)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90105 027 ****61.25



DO NOT WRITE IN THIS SPACE