

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19528

1. Entity Name

MIRAMAR GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

9450 SW 72 ST
STE 203
MIAMI FL 33173

Mailing Address

P. O. BOX 442051
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

9450 SW 72 st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33173

Dade

6. Name and Address of Current Registered Agent

4. FEI Number

59-2931960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GANEM, RAFAEL
9450 SW 72 STREET
STE 203
MIAMI FL 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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GOMEZ, HILDA
9050 SW 72ND ST STE 203
MIAMI FL 33173 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GANEM, MARLEN
9450 SW 72ND ST STE 203
MIAMI FL 33173 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GANEM, RAFAEL
9450 SW 72ND ST STE 203
MIAMI FL 33173 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D - Sec.
Diane Ganem
9450 SW 72 st. #203
MIAMI, FL 33173 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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 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* Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 305-412-1200
Date Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90226 048 *****61.25

748000



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)