

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90291 049 ****70.00

DOCUMENT #

1. Entity Name

N19585 (1)
PARKDALE HEIGHT FLYNDALE HOMEOWNERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3110 S.W. 19 TER.

3. Mailing Address

3110 S.W. 19 TER.

Suite, Apt. #, etc.

MIAMI

City & State

FLORIDA

Zip
33145

Country

DADE

Suite, Apt. #, etc.

MIAMI

City & State

FLORIDA

Zip
33145

Country

DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Caridad L Mora

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/04

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORA CARIDAD L
STREET ADDRESS	3110 S.W. 19 TER.
CITY-ST-ZIP	MIAMI FL 33145
TITLE	VD
NAME	RODRIGUEZ RAUL
STREET ADDRESS	3185 S.W. 19 ST.
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	TD
NAME	GARCIA JULIO JR
STREET ADDRESS	3125 S.W. 19 ST.
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	SD
NAME	SABALA THELMA
STREET ADDRESS	3095 S.W. 19 TER.
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	MARCOS VICTOR
STREET ADDRESS	3190 S.W. 19 ST.
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	NIMER WILLIAM
STREET ADDRESS	3101 S.W. 19 TER.
CITY-ST-ZIP	MIAMI, FL 33145

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Caridad L Mora

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04 305-44-3765

Date Daytime Phone #

CR2E037B (12/02)