

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90120 003 ****61.25

DOCUMENT # N22681

1. Entity Name

REFLECTIONS AT IMPERIAL LAKE HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

12446 NW 7 LANE
 MIAMI FL 33182

400 S.W. 107TH AVE.
 STE. 312
 MIAMI FL 33174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0296675

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

ALVAREZ, J. ROSA
 12446 NW 7TH LANE
 MAIMI FL 33182

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD VP/D	<input type="checkbox"/> Delete
NAME	LOAISIGA, HENRY	
STREET ADDRESS	12368 NW 7TH LN	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	VP P/D	<input type="checkbox"/> Delete
NAME	SANCHEZ, HUMBERTO	
STREET ADDRESS	12438 NW 7 LANE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	RD S/D	<input type="checkbox"/> Delete
NAME	ALVAREZ, JUANA	
STREET ADDRESS	12446 NW 7TH LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALAZAR, TITO	
STREET ADDRESS	12344 NW 7 LANE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEREZ, ARMANDO	
STREET ADDRESS	12442 NW 7TH LANE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input 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		
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STREET ADDRESS		
CITY-ST-ZIP		
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: *Humberto Sanchez* **Humberto Sanchez** 4/15/2002 (305) 220-5684
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone #

CR2E037 (9/01)