

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33541

1. Entity Name

GALLOWAY AND MILLER ESTATES HOMEOWNERS ASSOCIATI

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FILED

Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90061 004 ****61.25

Principal Place of Business

6800 SW 40TH STREET
P.O. BOX 141
MIAMI FL 33155
US

Mailing Address

6800 SW 40TH ST.
P.O. BOX 141
MIAMI FL 33155
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0286998

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PINEIRO, EDUARDO
8841 SW 58 STREET
MIAMI FL 33173

7. Name and Address of New Registered Agent

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 PD
NAME PINEIRO, EDUARDO
STREET ADDRESS 8841 SW 58 STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VD
NAME LLERANDI, VICTOR
STREET ADDRESS 8830 SW 58 STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE SD
NAME SEGARRA, SERGIO
STREET ADDRESS 5986 SW 88 PLACE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE TD
NAME INGLIS, ROLANDO
STREET ADDRESS 8845 SW 57 STREET
CITY-ST-ZIP MIAMI FL ☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)